



What To Do Until The Doctor Comes.

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WHAT TO DO UNTIL THE DOCTOR COMES.

A MANUAL

OF INSTRUCTIONS AS TO THE

Proper Method of Managing Cases of Poisoning, Sudden Illness, Accidents, etc.,
While Awaiting the Arrival of the Physician,

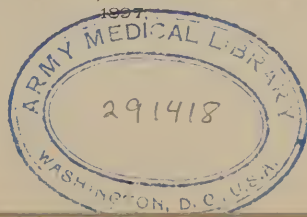
ALSO

Notes on Sanitary Science and Invalid Cookery, the whole subject matter being so Tabulated
and Indexed as to be instantly available, and so Illustrated by Engravings
(reproductions of photographs) as to be readily understood.

—BY—

W. S. BUNN, M. D., LAWRENCE, KANSAS.

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PREFACE.

For placing this little volume before the public the author offers no apology. The questions constantly asked during twelve years of active practice in city and country, have demonstrated to him its necessity. Some medical literature is found in almost every household, most of it practically useless, much of it positively pernicious.

A treatise on "The Practice of Medicine" is not needed—for such, in the hands of persons not thoroughly skilled by reason of a long course of training and study, becomes dangerous. What is required, however, is a concise manual or hand-book containing plain instructions for the management of accidents, injuries, poisonings, sudden illness, etc., during the anxious interval that elapses—often hours in country districts, between the summoning and the arrival of the physician. Prompt action by some sensible, cool headed person would often save life could he know just what course to pursue. This in our little manual we endeavor to teach, using plain language and so arranging and indexing the subject matter as to render it instantly available. Should the directions herein given suffice for the preservation of a single human life it would be to the author a sufficient recompense for the time spent upon the preparation. He believes, however, that it may be the means of saving many.

The following suggestion is offered, viz.: each responsible member of the family should spend a few leisure hours in looking through this little manual and thoroughly familiarizing himself with the method of classification. Then a little evening drill may be occasionally practiced, some one suggesting the occurrence of a possible accident, or emergency, and another quickly finding the treatment therefor.

You will by this plan become familiar with many bits of knowledge that cannot be otherwise than useful.

LAWRENCE, KAN., January 1, 1897.

W. S. BUNN.

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PART ONE.

POISON CHART.

DIRECTIONS.

Dispatch some one at once for the nearest Physician, stating, if possible, the poison taken and the principal symptoms, that he may know at once how to act.

If the poison taken is unknown, treat the patient immediately as directed under the heading No. 1. unknown.

If the poison is known, refer at once to the index or run over the columns of names along the left hand margin of each page, until found, the treatment will be given directly opposite.

Remember that accidental poisoning seldom proves fatal. Keep cool and be able upon the arrival of the Physician to state just what you have done.

No. 1.

Unknown Poison.

Endeavor to provoke vomiting by giving large draughts of warm water, and passing the finger into the throat. If not successful in this give a pint of warm water to which a tablespoonful of ground mustard has been added. Repeat this in a few minutes if necessary or if at hand give a teaspoonful of syrup of ipecac. After vomiting give bland liquids, such as milk, cream, whites of eggs, some kind of ælé, flour and water or gruel. Then if there is much weakness give stimulants as whiskey, wine, strong coffee, or tea, or harts-horn, or ammonia, the dose of which is a half teaspoonful with an ounce of water.

No. 2.

**Sulphuric Acid,
Oil of Vitriol,
Nitric Acid,
Muriatic or
Hydrochloric Acid,
Battery Fluid.**

Give as quickly as possible hartshorn or ammonia, one teaspoonful to an ounce of water and repeat every few minutes for several doses; or give ordinary cooking soda in half teaspoonful doses, or chalk, or magnesia, or plaster from the wall, or soap and water, as may be most readily obtained. Follow by a glass or two of milk or cream, or several eggs beaten, or some kind of oil, or lard.

No. 3.

**Oxalic Acid,
Salts of Lemon,
Salts of Sorrel,
Tartaric Acid,
Acetic Acid.**

Give plaster from the wall, chalk or whiting with water. Repeat several doses at short intervals. Then give a large draught of warm water as emetic, and hasten its action by "tickling" the throat if necessary. Follow by a glass or two of cream, or a couple of beaten eggs.

No. 4.

**Carbolic Acid,
Creosote.**

Give a pint of warm water with a tablespoonful of ground mustard to produce vomiting. Assist this action by passing the finger down the throat. If common epsom salts can be obtained give two full doses at short intervals. In a few moments give cream, milk or beaten eggs. The patient must be made to rest as quietly as possible and if very feeble, stimulants, as whiskey, hartshorn and water (a teaspoonful to the ounce), etc., may be given.

No. 5.

**Prussic Acid,
Cherry Laurel
Water,
Cyanide of Potash,
Oil of Bitter
Almonds.**

Give mustard and warm water to provoke vomiting (a tablespoonful ground mustard to a pint of water). Douche the patient alternately with hot and cold water. Keep up artificial respiration. For instructions see No. 32.

No. 6.

**Arsenic,
White-Arsenic,
Scheeles Green,
Paris Green,
London Purple,
Fowler's Solution,
Green Wallpaper,
Candy Toys,
Fly-paper,
Some Rat Poisons,
(See No. 2.)**

Arsenical poisons usually, themselves, produce vomiting. If not, give warm water in pint doses, assisting action by passing the finger down the throat. If this fails give a pint of *warm water* containing a tablespoonful of ground mustard. If possible to secure *tincture of iron* and soda carbonate, add a heaping teaspoonful of the latter dissolved in a little warm water to an ounce of the former. Shake well, strain through a cloth and give the mass remaining on the cloth in half teaspoonful doses. Whether this is given or not follow up the treatment with several beaten eggs or some kind of oil.

No. 7.

Alkalies,
Concentrated Lye,
Common Lye,
Caustic Potash,
Caustic Soda,
Hartshorn or
Ammonia.

Give *vinegar* or *lemon juice*. Follow by *cream* or *oil*; then beaten eggs. Keep the patient quiet. If feeble give stimulants as whiskey and water, wine, strong coffee or tea.

No. 8.

Antimony,
Black Antimony,
Tartar Emetic.

Give emetic of warm water, assisting action by passing the finger down the throat. If this fails give mustard water, followed by a tea made from Tanuin or the inner green bark of the oak, or very strong store tea. If the latter is used, make quickly and give leaves and tea as well. Follow by castor oil or raw beaten eggs.

No. 9.

Aconite,
Veratrum,
American Hellebore,
Insect Powders,
Slug Killers, etc.
(Not Persian.)

Give emetic of warm water or a pint of warm water containing a tablespoonful of ground mustard. Or if at hand a teaspoonful of powdered ipecac or tablespoonful of syrup of ipecac. Follow by *stimulants* as whiskey in desert spoonful doses every few minutes, or hartshorn or aromatic spirits of ammonia—one-half teaspoonful to an ounce of water. Keep your patient *warm, head low* and *enforce rest and quiet*.

No. 10.
Alcohol.

Give a pint of warm water to which has been added a tablespoonful of ground mustard. If pulse is very weak give a teaspoonful of hartshorn or ammonia to an ounce of water. Apply occasionally a douche of cold water to the head.

No. 11.
Tincture or Liniment
of Belladonna.
Atropia.

Give emetic of warm water or a pint of mustard water. Assist action if necessary by tickling the throat. Keep the patient *quiet* and *warm*. Follow the emetic with strong coffee.

No. 12.
Bittersweet.
Potato Vines.
Tomato Vines.
Jamestown Weed.

The treatment of all these poisons should be just the same as for No. 11 above.

No. 13.
Corrosive Subli-
mate.
Bedbug Poison.

Give the same treatment as for Antimony and Tartar Emetic in No. 8.

No. 14.

Chloral or
Chloral hydrate or
Elixir Bromide and
Chloral.

Keep the patient very warm. Give a pint of mustard water to provoke vomiting. Keep patient aroused as much as possible. Give strong black coffee as stimulant. If a syringe can be obtained inject a teacupful of strong coffee into the bowels. If breathing fails practice *artificial respiration*. See No. 32 for directions.

No. 15.

Croton Oil.

Give emetic of large draughts of warm water assisted by tickling the throat. Follow by beaten eggs, cream or milk. For pain give *laudanum* 20 to 30 drops for adults and to children one drop for each year of age. Repeat in half hour if the patient is not sleepy and the pain continues.

No. 16.

Digitalis or
Foxglove.

Give strong tea. Enforce *absolute rest*. Tincture of Aconite may be given in doses of 5 drops every half hour until three or four doses are taken.

No. 17.

Hyoscyamus,
Henbane,
Hemlock.

Give same treatment as for Belladonna, No. 11.

No. 18.
Lobelia or
Indian Tobacco,
Tobacco.

Give emetic of warm water, followed by strong tea. If the heart is weak give *stimulants* as whiskey and water, or hartshorn—a half teaspoonful to an ounce of water.

No. 19.
Nightshade,
Mushrooms,
Toadstools.

Give same treatment as for Belladonna, No. 11.

No. 20.
Opium as powder or
Extract or
Tincture or
Laudanum or
Wine or Paragoric or
Morphine.

Try an emetic of a pint of warm water to which a tablespoonful of ground mustard has been added. Assist action by tickling the throat. Give then large quantities of strong, black coffee. Arouse the patient by striking with a cold wet towel or a smart switching. Repeat the coffee at intervals and keep patient awake by walking. If breathing fails keep it up *artificially* (see No. 32) until the doctor comes. Do not cease your efforts though the patient seems dead.

No. 21.
Phosphorus,
Matches,
Rat Paste.

Give Sulphate of Copper (Blue Vitriol) in a dose of 5 grains, if it can be obtained. Follow by turpentine in doses of twenty drops. The older the turpentine the more certain its action.

No. 22.
Pokeberry.

This is not very poisonous but an emetic of ipecac (if powder, half teaspoonful, or syrup one tablespoonful), or warm water and mustard should be taken if much of the drug be swallowed.

No. 23.
Poison Ivy.
Poison Oak,
Poison Sumac.

The itching eruption of ivy poison, etc., can be temporarily relieved by bathing the affected parts with soda and cream.

No. 24.
Rat Poison.

Usually the various rat poisons on the market contain upon the label the proper directions as to antidotes. If not, follow the plan of treatment described in "No. 1, Unknown." They are usually arsenic and strychnine.

No. 25.
Strychnine.
Nux Vomica.

Give an emetic of *large draughts of warm water*. Assist action by tickling the throat. Or give a pint of warm water with a tablespoonful of mustard. Then give tea made from Tannin or from the live inner bark of oak (about 4 ounces), or *very strong store tea*. Of the latter give the leaves with the tea. Enforce *absolute rest and quiet* in a darkened room away from all noise and excitement.

No. 26.
Sugar of Lead.

Produce vomiting by giving warm water or mustard and water. Follow by a full dose of epsom salts. Then give a cup of *cream* or sweet milk, or a full dose of *castor oil*.

POISONOUS GASES.

No. 27.
Coal Gas,
Illuminating Gas,
Charcoal Fumes,
Fire Damp.

Remove patient quickly to the *fresh air* and cut away the clothing from upper part of the body. Dispatch someone for a physician and proceed quietly to practice “artificial respiration” (see No. 32) if the breathing is irregular or has ceased. While so doing have some one rub the legs briskly making the strokes upward. Another can procure hot and cold water and douche the head and chest at intervals with first one and then the other. All this time remember to keep regularly the artificial breathing, until the patient begins to breathe spontaneously and the heart to act perceptibly. When he may be covered and stimulants given, as whiskey, or strong coffee, or wine, or ammonia—a half teaspoonful to a half ounce of water.

No. 28.
Vapor of Ammonia.

Inhale vapor of vinegar.

No. 29.
Choke Damp.
Sewer Gas.
Privy Gas.

In wells, sewers, pits and privies gas may accumulate that may prove rapidly fatal to any who breathe it. The first thing of course is to bring the patient into the fresh air. This requires prompt and cool action. A quantity of lime and water thrown into the pit will do much to destroy the gas. Some one must enter the infected air and bring forth the unconscious person quickly. Secure a rope safely to your own person that you may be rapidly withdrawn. Have a noose or slip-knot ready to attach to the person—a leg or arm. Descend quickly, hold the breath, attach the noose, be quickly withdrawn. Get your patient into the fresh air and treat him as in No. 27.

If no assistants are at hand and no lime-water, take an umbrella, tie a rope or stout string to the handle, weight it, open it and raise and lower it rapidly. The gas is heavy and you can thus ladle it out. A lighted candle or stick lowered into the well will show the level of the gas, as it will not burn when surrounded by it.

No. 30.
Chloroform.

Chloroform of course should *never* be used except by a physician. It is sometimes taken however in an over dose accidentally and is quite often criminally administered. A patient found under chloroform insensibility should be treated as follows:

If the patient's breathing is regular and pulse good, simply loosen the clothing about the neck, and lay him down with the head lower than the feet. Consciousness will soon be restored. If patient makes a snoring noise in breathing, catch his tongue and pull it forward. If he does not breathe at all or irregularly, quickly remove the clothing and practice artificial respiration (see No. 32 for instructions).

Have some one rub the legs briskly, stroking upwards while another can procure a mustard plaster to place at the heart. As soon as the patient can swallow, a stimulant, as a little whiskey and water, may be given.

No. 31.
Ether.

Owing to the irritating properties of ether when inhaled and the longer time required to produce unconsciousness, its effects are seldom seen except in a legitimate way.

For treatment see No. 30, Chloroform.



FIG. No. 1.
ARTIFICIAL RESPIRATION.
(See No. 32)



FIG. No. 2.
ARTIFICIAL RESPIRATION.
(See No. 32.)



FIG. NO. 3.
ARTIFICIAL RESPIRATION.
(See No. 32.)

No. 32.
Artificial Breathing
or Respiration.
(Sylvester's Method.)

Place yourself and patient in the position shown in Fig. No. 1, immediately preceding. Seize the arms as indicated and press them against the sides of the chest, to expel the air, then move them outward from the body and backward as in Fig. No. 2. Then over the head and extended straight back with a smart pull as in Fig. No. 3. Return arms to first position and repeat. Do this regularly about twenty-five times to the minute.



PART TWO.

POISONED WOUNDS.

The above subject follows as a logical sequence of poisons. But observe that the same plan is continued here and for that matter throughout the work, i. e., making each direction practically complete within itself. Thus if you are bitten by a snake see the index for "snake bite." It will refer you to No. 33, which you will find on the margin of the page and full directions opposite.

No. 33.
Snake Bite.

Dispatch for a physician. If bitten on the arm or leg tie a handkerchief or cord tightly above the wound. Then if you have no fresh sores upon your lips you may safely suck the wound vigorously. Also take a sharp knife and cut across the wound going through the skin. This will cause free bleeding and help to wash out the venom. Internally whiskey or alcohol in some form should be given. The amount the patient will require is hard to determine, but adults can usually take about twice or three times the quantity which would ordinarily produce intoxication. With children more care is necessary as alcohol may prove fatal. Upon the arrival of the physician you will be relieved of this responsibility, so keep close account of the quantity you have administered.

No. 34.
Bite of Tarantula
and other Spiders.

The bite of the tarantula and other spiders is rarely fatal, unless occurring about the throat, where the swelling may interfere with breathing. Sucking and squeezing the wound after making some shallow incisions across it with a sharp knife is the best plan of treatment. Mild stimulation with whiskey may be necessary.

No. 35.
Bite of Scorpion
and Centipede.

In North America these would hardly require any treatment before a physician could be consulted. The wound might be squeezed however and a mild stimulant administered.

No. 36.
Sting of Bees,
Wasps and
Hornets.

Remove the sting if retained in the wound and apply common soda wet with water. If there are many stings, sponge the whole body with a strong solution of soda and give stimulants as whiskey and water, or strong coffee.

No. 37.
Cat, Rat or bite of
other animals.

These bites may become poisoned wounds. They should be sucked or squeezed under water and afterward dressed by a surgeon.

No. 38.
Hydrophobia,
Dog Bite or bite of
any rabid animal.

First, *don't kill the dog*. Pen him up and keep him under close observation. Forty-nine cases out of fifty of so-called "mad dog" are fanciful and if the dog remains healthy all fear of hydrophobia may cease. As a precautionary measure the wound may be sucked or squeezed under water. Don't burn it. And remember that many cases have actually died of nervousness caused by the intense dread of this disease. Call a physician and follow his advice. In cases of real hydrophobia the most promising method of treatment seems to be the Pasteur, at Chicago or New York.

PART THREE.

MEDICAL EMERGENCIES.

The name of each disease may be seen at left hand margin, its treatment opposite. For instance, a person may have an epileptic fit. In the index you will find epilepsy, No. 41, or Fits, or Falling Sickness, all referring to the same number. Find that number on margin of page and full directions for its management will be given. It will also be observed that the diseases herein mentioned are those acute affections of sudden advent, requiring immediate attention.

No. 39.

Unconsciousness or
Insensibility.

These cases will come under two classes:

CLASS 1.—A person is *seen to fall to the ground*, or into a chair, or upon a table by which he has been sitting, etc. At once, he will be unconscious or insensible. What shall you do? First send for a physician, and pending his arrival, proceed as follows: Loosen all articles of clothing about the neck, chest and waist. Then note as follows: Your patient may have fainted. In this case the face is pallid, the wrist almost or quite pulseless, and the muscular system relaxed. For treatment see No. 40. Your patient may have been seized with an epileptic fit. In this case he makes a peculiar cry, a sudden start, or turning half round, falls, stiffens the body and in a few seconds develops convulsions, froths at the mouth, etc., an unmistakable picture. For treatment see No. 41. Or there may be apoplexy or stroke of paralysis. This attack may be sudden the patient falling as if shot, or its approach may be more gradual. There is a flushed face, heavy snoring breathing, pulse slow, full and hard. Pupils of the eyes are unequally dilated and usually helplessness of one leg and arm and one side of the face is observed, the cheek puffing in and out with the breathing. For treatment See No. 42.

NOTE.—Do not mistake this for intoxication (See Class 2, just following):

Your patient may also have *sunstroke* or *heatstroke*. This condition would follow prolonged exposure to the sun's rays in very hot weather, or too great an artificial heat.

CLASS 2.—A person is *not seen to fall but is found* in an insensible or unconscious state, on the highway or near where he has been occupied, etc. What shall you do? If in a room and you smell gas remove him instantly to pure air and attempt resuscitation.

No. 39.

Continued

See No. 27 and No. 29. If nothing in the surroundings should explain the cause of insensibility, lay him down (if he is not already so), loosen clothing and search for injuries. If any are found sufficient as a cause, turn to index for reference as to treatment. If none are found, try to arouse the patient by sprinkling water upon his face a couple of times. If unsuccessful by this method, feel along the edge of the bone just under the eyebrow. Above the center of the eye, will be found a notch. Press firmly and steadily upon this notch for a minute. This will usually arouse a person who is drunk or intoxicated. There is also the odor of the breath to distinguish this condition. The pupils are equally dilated, the pulse usually rapid and feeble, the body all relaxed. For treatment see No. 45. If the pupils are unevenly dilated, one part of the body paralyzed, and the rest not, the face wrinkled on one side and smooth on the other, see No. 42, Apoplexy. If the patient is found under conditions of exposure to heat and the skin is very hot and dry, see No. 43, Sunstroke or Heatstroke. If the pupils are contracted to a pinhead size and do not dilate when shaded from the light, the case is probably one of opium or chloral poisoning (see No. 14 and No. 20).

If doubt exists as to the nature of the insensibility, until the arrival of skilled assistance, lay the patient on his back and keep him quiet. If he is cold and prostrated, apply warmth and moderate stimulation. If feverish and skin hot and dry, sponge with cold water.

No. 40.
Fainting.

Lay the patient down at once. Under no circumstances attempt to restore a fainting person to consciousness in any other position. Loosen all clothing, shower the face with cold water snapped from the fingers, or if at hand ammonia may be inhaled, or spirits of camphor or strong vinegar applied to the nose. If recovery is slow, cloths wet with very hot water may be applied to the pit of the stomach, or a little whiskey and water administered.

NOTE.—A faint may result from fright, from pain, from sight of blood, etc. There is a momentary weakening or even cessation of the heart's action. The face becomes pallid, the pulse almost or quite imperceptible, consciousness lost and the patient falls.

No. 41.
Epilepsy, Fits.
Falling Sickness.

Loosen all articles of clothing that may be constricting the neck or chest. Do not attempt to hold the patient still, or in any way to restrict the convulsive movements, except as may be necessary to prevent injury. A piece of soft wood or handkerchief rolled may be placed between the teeth to prevent injury to the tongue. If a bed or cot is at hand it were better to place the patient upon it. Do not allow bystanders to crowd around. Procure good ventilation and after convulsions have ceased, soothe the patient and promote rest and quiet by cooling applications to the head. A patient should not be left alone for some time after an epileptic paroxysm, as they may be subject to delirium, during which they are not responsible, and are inclined to injure themselves or others.

No. 41.

Continued.

Persons subject to epileptic seizures should have a medal about their person, or have their linen stamped with name and address as a means of identification in case an attack should occur amidst strangers. If there is a doubt as to whether the case is epilepsy read No. 39.

NOTE.—The symptoms of epilepsy are so well known as to require but little description. The sudden occurrence, the peculiar cry, the start, the fall, the stiffening of the body, followed in a few seconds by convulsions, the foaming at the mouth, bloody from bitten tongue or cheek, form a picture horrifying and unmistakable.

No. 42.

**Apoplexy or
Paralytic stroke.**

Lose no time in securing a physician. In the mean time place the patient in a well ventilated, cool place. Remove all clothing that might interfere with the breathing. Let the head rest on a moderately high pillow. Apply *cold water* to the head and warmth to the feet. Do not mistake this condition for intoxication (No. 45).

NOTE.—Apoplexy or stroke is usually due to rupture of a blood-vessel in the brain or its envelopes. The attack may be sudden, the patient falling as if shot, or the unconsciousness and paralysis appear more gradually. Usually there are no warning symptoms. The face is flushed, the breathing snoring and heavy. The pulse slow, full and hard. Usually one side of the body is paralyzed. The sides of the face different in appearance, one wrinkled and drawn, the other flabby and puffing in and out with the breathing (see No. 39).

No. 43.
Sunstroke or
Heatstroke.

Do not confound this with simple heat exhaustion. Sunstroke or heatstroke is a sudden attack occurring in very hot weather after prolonged exposure to the direct rays of the sun, or nearly as often to great artificial heat, as in shops, laundries, furnace rooms, etc., where in addition to the heat there is a heavy atmosphere. The circumstances under which it occurs will serve to distinguish it from apoplexy, alcoholic stupefaction, etc., but better read No. 39. The patient usually while about his labors is seized with a sudden pain in his head, a sense of fullness about the pit of the stomach, sickness, dizziness, blindness and loss of consciousness. There is then heavy breathing, often *great heat and dryness of the skin*. Until the physician comes you cannot do better than to place the patient in a cool airy place, remove all clothing possible, wrap him in a sheet and pour cold water over him at intervals. When the skin becomes cool, stop until it again feels hot to the hand. These cases are frequently fatal and no delay should be permitted in securing a competent physician.

No. 44.
Exhaustion from
heat.

After active exertion, or exposure to heat there is sometimes felt a condition of extreme weakness or depression, but with a cool clammy skin (not hot and dry as in sunstroke, see 43) and a weak pulse. The patient can be placed where he can secure fresh air and *absolute rest*. Brandy or whiskey and water may be given in small doses every fifteen minutes until the system reacts.

No. 45.
Drunkenness or
Intoxication.

NOTE.—Other conditions may be mistaken for the “dead drunk” state, and the patient left to “sleep it off” may die. On the other hand active measures taken to arouse a person supposed to be drunk, would prove fatal were the case apoplexy. Read carefully No. 39. Unless the case *is certainly* one of intoxication do not give an emetic, but treat as though *it were* apoplexy (No. 42) until the physician arrives. If *known* to be drunkenness give an emetic of warm water or mustard and warm water. Cold wet cloths may be applied to the head if the pulse is feeble and rapid. Give aromatic spirits of ammonia, if it can be obtained, a teaspoonful to an ounce of water. If the skin is cold and clammy and the patient is greatly prostrated apply *dry* heat to the body to prevent collapse. Lemon juice or vinegar is often useful to quiet the stomach.

No. 46.
Spasms or
Convulsions.

Spasms or convulsions of the *infant* or *child* may result from various causes. Sometimes they are serious—as brain or kidney disease or the beginning of some acute illness, as scarlet-fever, or diphtheria. Other causes are fright, indigestion, teething, etc. No time should be lost in securing a physician. What shall you do meanwhile? As quickly as possible place the feet in hot water to which mustard has been added (a heaping teaspoonful to the gallon), or if it can be as quickly prepared a general warm bath may be given. At the same time cloths wet in cold water should be applied to the head until it feels cool. These proceedings should be continued according to the severity of the attack.

No. 46.
Continued.

It is also proper to give a rectal injection of soap and water, to clear the bowels. A full dose of castor oil may also be given as soon as the child can swallow. This will be a sufficient effort until your physician comes and determines the cause. As there is usually more or less irritation of the stomach and bowels, the giving of everything the neighbors suggest will only increase the trouble.

No. 47.
Simple Vomiting.

Simple vomiting is usually due to indigestion or something irritating in the stomach. Encourage the emptying of the stomach by giving a large draught of warm water, or apply a mustard poultice to the pit of the stomach. If severe see No. 48. *Dyspeptics* should of course consult their physician.

No. 48.
Cholera morbus.

This is characterized by violent vomiting and purging, with cramping pains, cool, clammy skin, pinched face and rapid pulse. Until the doctor comes you can do no better than to give the patient small pieces of ice to swallow if at hand and apply a mustard poultice to the pit of the stomach, or cloths wrung from hot water and sprinkled with turpentine. If the pain is so severe as to demand relief at once, give a teaspoonful of whiskey or peppermint-water every few minutes and in desperate cases laudanum may be given, 30 drops to adult and for children one drop for each year of age. Avoid the laudanum if possible until the doctor comes as it masks the symptoms and renders an accurate diagnosis difficult.

No. 49.
Cholera Infantum.

This is the most severe form of infantile diarrhoea, simulating cholera in its intensity. If a babe has frequent watery stools and great thirst but rejects water or milk as soon as taken, face pinched, pulse rapid and feeble, lose no time in securing the doctor. It is a dangerous disease. Until the doctor arrives cloths may be dipped in hot water in which hops are steeping and placed over the abdomen, changing as fast as cool. As much common cooking soda as will lay on the large blade of a penknife may be dissolved in a teacupful of water and administered every half hour. If the collapse or weakness becomes extreme, from 5 to 15 drops of brandy or whiskey may be given in a little hot water every half hour.

No. 50.
Croup.

This disease begins usually at night after the first sleep; is always distressing and alarming but rarely dangerous. In many cases it amounts to no more than a hoarse barking cough, with some difficulty of breathing. In this case quiet the child and give him a little *melted sugar and butter*. If the disease is more severe place cloths wrung from hot water about the neck, and retain the heat by a dry one outside. If syrup of ipecac can be obtained give from one-half to one teaspoonful every 10 to 20 minutes until vomiting is produced, or give a tablespoonful of a paste made by mixing powdered alum with molasses. Do not get excited and communicate your nervousness to the child as it invariably makes him worse.

No. 51.

Asthma.

For the relief of the paroxysms of asthma many measures have been tried, sometimes successful, often failing. General directions only can be given. The patient will do better sitting in a chair and where ventilation can be secured. In some cases where the direct cause of the attack can be traced to a disordered stomach, an emetic of hot water and mustard will cut it short. Stimulants can be tried as a couple of cups of strong black coffee or a generous glass of *hot whiskey toddy*. Smoking tobacco is sometimes of advantage. The most certain relief is obtained, however, from opium in doses of 30 drops to an adult, children one drop for each year of age. Do not use opium until the doctor comes unless the condition is desperate.

No. 52.

**Pneumonia,
Lung Fever.**

It is uncommon for Pneumonia to develop with such rapidity as to require any treatment pending the arrival of the physician. Some cases are however very severe from the beginning. There will occur a severe chill, followed by fever, a pain in the chest, located near the nipple, rapid and laborious breathing, a cough and often a rusty-colored expectoration. Commonly in the center of each cheek a red patch will be seen, and the patient exhibits great restlessness. What shall you do? Place your patient in bed in a moderately warm room and keep the temperature even. For the pain in the chest a large poultice of hops may be applied as hot as can be borne. Give no solid food. If the physician is long in coming and it is desirable a cup of broth or gruel may be given.

No. 53.

Pleurisy.

A severe pain or stitch in the side may be Pleurisy or Neuralgia. This, only the physician can determine. When the pain, however, is so great that the patient is unable to secure a deep inspiration (take a long breath), a piece of flannel may be dipped in hot water, wrung dry as possible, sprinkled with a few drops of turpentine and applied to the painful side. This may be repeated at intervals, or if turpentine is not at hand, put a tablespoonful or two of mustard in the water from which you wring the flannel.

No. 54.

**Pain in the loins,
Lumbago,
Acute inflammation
of the Kidneys.**

A pain in the loins may be from an acute inflammation of the kidneys or from muscular rheumatism. If so severe as to demand immediate relief, place your patient in bed and apply a hot-water bag, or if not handy, fill a selfsealer fruit jar with hot water, wrap it in a cloth and apply to painful part. Make it as hot as it can be tolerated. A cup of strong hop tea may be drank as an additional measure. These proceedings will be sufficient until the coming of the doctor whether the cause be either the one or the other mentioned above.

No. 55.
Suppression of
urine.

The natural flow of the urinary secretion may be interfered with from various causes, operating anywhere from the kidneys to the external opening. While waiting for the physician, if the distress becomes great, try a hot sitzbath. Have a tub of water as hot as can be borne; sit down in it; then add boiling water from a pitcher to maintain the temperature. Try to pass the urine while in different positions. Wring a flannel cloth from very hot water, sprinkle it with turpentine and apply over the lower part of the abdomen. Do not make continuous and violent efforts to urinate, but try at intervals, keeping as quiet as possible between times.

No. 56.
Colic,
Cramp Colic,
Neuralgia of the
stomach.

Abdominal pain occurs from such a variety of causes, that only general directions for relief can be given until the physician arrives. It may be anything from a simple indigestion to an appendicitis, or an intestinal obstruction, or the passage of a gall or kidney stone. Opiates should not be used as they mask the symptoms and interfere with an accurate diagnosis. The turpentine stupe, made by wringing a piece of flannel from very hot water and sprinkling it with turpentine, may be applied, being careful not to blister. Or a poultice of hops may be applied. Internally essence of peppermint in a little hot water may be given or a large dose of whiskey, ^{or} hot water with an ounce or two of glycerine (or if that is not at hand a little soap may be added) can also be used. ^{is an injection} If the agonizing pain still continues and the patient is not already vomiting, a pint of water containing a tablespoonful of mustard may be taken as an emetic. If it does not act promptly, "tickle" the throat with the finger to induce this action.

No. 57.
Neuralgia.

Neuralgia in general is a subject that can not be treated here. The author only mentions it to decry the practice of using the so-called Headache Powders of the drug stores. They are in almost all instances compounds of the coal tar derivatives and their use is pernicious. A careful examination by a competent physician will often reveal the cause in "eye strain," constipation, or some constitutional vice that is amenable to treatment. If one must keep some remedial agent for the relief of pain let it be a prescription of your physician, who, knowing its composition can watch and control its effects from time to time.

No. 58.
Diphtheria.

The distinguishing mark of this disease is white patches on the tonsils or palate. If a child or adult complains of sore throat and any patches can be seen (use a spoon to press down the tongue) *at once* send for your doctor, and place the patient in a room as far removed as possible from the rest of the family until he comes and the nature of the malady can be fully determined. Weak vinegar and water may be administered hot every few minutes until his arrival, or better, if at hand, diluted lemon juice.

No. 59.
Scarlet Fever.

The distinguishing features of this disease are vomiting, a sore throat and a scarlet rash. Never delay sending for a physician when the above symptoms are present, no matter in how mild a form. Place the patient in a room far removed from everyone. No treatment is necessary until the doctor comes.

No. 60.
Flux,
Dysentery.

This is a disease of the lower bowels, characterized by frequent discharges of bloody mucus, with great straining and prostration. This is contagious and the discharges should be burned until otherwise directed. While waiting the arrival of your doctor give the patient a full dose of epsom salts, and if food is desired, hot milk may be given.



PART FOUR.

CHILDBIRTH.

NOTE.—The assistance of an educated physician should never willingly be dispensed with, in any case of childbirth. It is true that this function is a natural one and in ninety per cent. of all cases will progress to its termination unaided. In American life, however, there are so many disturbing factors that what should be purely a physiological process often times becomes a dangerous condition, and when discovered, help may not always be available. In a very great number of cases, however, labor occurs so unexpectedly or progresses so rapidly that there is not time to secure such assistance. I have deemed it therefore advisable to give a few directions in view of such an emergency.

No. 61.
Childbirth.
Labor.

Remember that in a "lying in" chamber, and with everything about a "lying in" woman "*cleanliness is Godliness.*" A good bath for the patient, using *warm* water and soap, a clean gown, above all *clean bedding*. Do not think that as the bedding will naturally be soiled that you should use any old dirty blankets or quilts. If you do and the woman has fever do not call it a dispensation of Providence. If the bowels have not been recently emptied and there is time to do so, an injection of warm water (a quart) should be thrown into the rectum and allowed to return after a few minutes. During the earlier part of the labor, if so desired, the woman may be allowed to walk about or sit. After a time a phenomenon occurs known as "the breaking of the waters," marked by the flow, from the vagina of from one to several ounces of clear fluid. After this the patient should be confined to the bed, not even arising to get over the vessel though she may desire to do so. After the birth of the child's head (sudden labor not being apt to occur in any other position than head first), if the body does not follow in a few minutes, the head may be seized, and without twisting it in any way, a gentle pull given during a pain. Use but little force. In case the feet or breech should come first, the same process may be employed at once as the child is then in great danger from the after coming head pressing the cord. After the child is born a half minute or so may elapse and the child allowed to cry out before the cord is tied. To tie the cord use common grocer's wrapping string as it is sufficiently strong and not apt to slip. Tie in two places, about two and a half and four inches from the child, and cut between the knots with scissors. See that there is no bleeding from the child's cord after cutting. If there

No. 61.
Continued.

should be, another ligature must be used and drawn tighter. Do not now commit what I have found to be a common error among the inexperienced—that of pulling on the cord still attached to the mother. *Let it alone.* After a bit she will probably have some pains, and the “after-birth” or placenta will be expelled. If skilled assistance has not yet arrived it is better to wait for it than for any unprofessional person to attempt the removal of a retained placenta, as the gravest results may follow. After the completion of labor an appalling accident may occur—i. e., violent hemorrhage or bleeding from the uterus. This often requires the promptest action, to avoid a fatal result. Have someone immediately elevate the foot of the bed, a foot or more, and remove the pillow from beneath the patient's head. Cast aside the covers and knead and press the abdomen over the womb vigorously. If the womb can be felt, after a number of efforts, to be hardening and growing smaller keep up your efforts as you will succeed. If not, and the alarming bleeding still continues, the patient's face growing pale and fainting about to occur, the hand must be dipped in water as near boiling as can be borne, and passed boldly clear into the womb as far as it will go. The womb will be found full of blood clots. Drag them out and move the hand about vigorously until the womb can be felt hardening and squeezing the hand, when it may be removed and the kneading of the abdomen continued for awhile. This latter should only be done as a last resort, but if necessary *do it* as it has no immediate danger and may save life. Such cases should always go into the hands of a physician afterward if one has not already arrived. The “lying in” period should always be superintended by a physician, and has no discussion

No. 61.
Concluded.

here. Remember that the directions given here do not cover even a small per cent. of the accidents liable to occur at childbirth, but only skill and experience should assume the grave responsibility of managing such cases. Let me therefore once again insist strongly that every woman in labor should be attended by a *physician*.

For instructions as to the care of the newly born infant see Index for number.



PART FIVE.

ACCIDENTS AND INJURIES.

In considering this subject the author has attempted to so arrange the index that immediate reference may be made to any particular case. This has proven somewhat difficult, but in case of failure to at once find what you wish, much assistance may be obtained in accomplishing this object from the plates, which here accompany the text.

No. 62.
Drowning.

Remove the patient quickly to the nearest dry place on the bank. Tear the clothing from about the neck and chest. Sweep the finger about in the mouth to remove anything which may have entered. Turn the body first upon the face, and make once firm pressure upon the back and sides. Then turn upon the back and make artificial respiration if the patient is not already breathing (see No. 32). Do this at once and let some one else read the balance of these directions and follow them. While artificial breathing is kept quietly in action, remove the wet clothing (cut it away) and wrap the patient in warm dry clothes taken from bystanders or otherwise obtained. Warm stones, hotwater-jugs, anything warm may be placed about the patient. At the same time beneath the clothing rub the limbs briskly upward to start the sluggish circulation towards the heart. As soon as your patient can swallow give him a generous drink of whiskey and hot water. This will be sufficient until the doctor comes and accepts charge.

No. 63.
Hanging or
Suffocation from
pressure about the
throat.

Remove at once the obstruction to breathing and if natural breathing does not immediately ensue, practice artificial respiration until it does (see 32). If the body is cool wrap in warm cloths. Place hot water-jugs, or warm stove lids, or warm stones, or anything warm about the body. Rub briskly toward the heart to start the circulation. When you send for the physician have him bring, if at hand, an electric battery. If the breathing becomes established and the patient can swallow, give a hot drink of some kind—if obtainable *whiskey* and hot water.

No. 64.

Choking from something in the mouth, throat or windpipe.

In mouth or throat. If the offending body be within the mouth, or in sight in the upper throat, remove it with the finger, or a spoon handle, or piece of wire bent to a hook, or a pair of scissors, or pincers, or tweezers if at hand. Use a spoon to press down the tongue. If it is a pin or fish bone, or anything sharp, and you cannot readily grasp it, quiet the patient's fears. Let him lie upon the face as efforts to swallow will not be so frequent, and quietly await the arrival of the doctor with proper instruments for its removal.

If in the windpipe, as evidenced by coughing and great difficulty of breathing, invert the body (head down) and give a smart blow upon the back or chest. If not soon dislodged the surgeon's skill will be required.

No. 65.

Foreign bodies swallowed.

When such things as pins, buttons, tin whistles, slatepencils, marbles, pieces of coal, etc., are swallowed by children or adults, *do not* give them a physic. On the other hand give plenty of vegetables as potatoes, beans, turnips, cabbage, etc., and mush and milk freely. This makes a large amount of refuse to pass the bowels and the offending object is carried harmlessly along with it until it is expelled.

No. 66.

Foreign bodies in the nose.

If easily reached remove with a hairpin or anything convenient. Tickle the nose or inhale a very slight bit of pepper to produce sneezing. If unsuccessful, take the patient to a physician before any swelling ensues.

No. 67.
Foreign bodies in
the ear.

Be very *cautious* and *gentle* in your efforts to remove foreign bodies from the ear. If in sight and loose, gentle efforts may be made to dislodge them. If bugs or insects of any kind are in the ear place the patient where a *strong light* will shine upon the opening; they will sometimes come out. If not, pour warm sweet oil in the ear. If still unsuccessful, syringe the ear with warm water. Do not use warm water where the object is one that will swell, as corn grains, beans, etc. On the whole it is better to let the physician manipulate such cases, and sometimes his skill is taxed.

No. 68.
Foreign bodies in
the eye.

Motes, cinders, and other foreign bodies in the eye can usually be removed by the aid of a soft handkerchief folded to a point, or a gentle stream of warm water used with a syringe, or squeezed from a sponge or cloth. If not readily removed by the above methods, hold the eye still by tying over it firmly a folded handkerchief wet with cold water and consult a doctor.

No. 69.

Burns and scalds.

Remove all clothing rapidly, taking very especial care to not tear away the blisters which may have formed. To this end the clothing may be clipped away with scissors. The blisters should then be punctured on one side with a needle. If carron oil (a mixture of linseed oil and lime water in equal parts) is at hand wet strips of muslin in it, and cover injured surface leaving them unchanged until the physician arrives. If carron oil is not obtainable, cover burned surface with dry *cooking soda*, or with sweet oil or any fat containing *no salt*. If there is any great shock and threatened collapse, administer whiskey and water, in small doses. If pain is intense, laudanum may be administered, 20 drops to an adult, and one drop to children for each year of age. Place the patient in a cool, quiet place and avoid all excitement until the doctor comes.

No. 70.

**Burns with hot oil or
fats, molten metal
or acids.**

Plunge the parts quickly into cold water and treat as directed above in paragraph 69.

No. 71.

**Burns with alkalis,
concentrated lye,
caustic, potash, etc.**

If alkalis have been swallowed see No. 7, and for surface burns first wash with diluted vinegar and proceed as in No. 69.

No. 72.

Lightning.

In shocks from lightning there is nothing to be done except to secure rest and quiet and moderate stimulation, with whiskey and water, strong tea or coffee, until the physician can be summoned and treat the case according to its symptoms.

No. 73.

**Freezing,
Frost-bite.**

Attempt to restore the circulation in the frozen parts by flushing with water and active, vigorous rubbing. At first the water should be the ordinary temperature of well water, but it must be rapidly warmed by the addition every few seconds of hot water, until after a very few minutes you are using friction with hot water. Follow this direction and you will find it is better than the time honored custom of rubbing with ice or snow. Consult a physician as to subsequent management.

No. 74.

**Bleeding from the
nose.**

Try compressing firmly the bleeding nostril for a few minutes and keep the arms extended above the head. If unsuccessful try cold wet cloths or ice upon the back of the neck, nose and forehead. If still unsuccessful snuff ice cold water slightly salty, or try alum water—a piece of alum the size of a nut in a cup of water. If these measures fail the hemorrhage is probably from some constitutional cause and a physician should at once be summoned. If life seems in danger from loss of blood you can plug the nose as follows: Tear a number of pieces of soft, clean muslin about an inch square, take a stout thread and tie the squares upon it about three inches apart, like the tail of a kite; then take a small pencil and push the end square as far back in the nose as possible, follow with each one in succession, leaving the end of the string hanging from the nostril to facilitate removal. Let the patient lie upon his face until the doctor comes and directs further proceedings.

No. 75.

**Bleeding from the
lungs.**

People rarely die directly from a hemorrhage of the lungs. Have the patient lie down in a cool, dark room and keep absolutely quiet. Do not allow him to speak above a whisper, nor to be surrounded by anxious friends. If ice is at hand have him swallow small pieces at frequent intervals; if no ice, sip cold water. A small pinch of salt may be given every few minutes until bleeding ceases. Summon your physician at once as a hemorrhage of the lungs means a condition requiring active treatment for some time.

No. 76.

**Bleeding from
stomach,
vomiting blood.**

Have the patient lie down in a cool, quiet place. If ice is at hand allow him to swallow small pieces, and place also ice at the pit of the stomach; or cold water compresses. Do not give him anything to eat as particles in the stomach only aggravate vomiting. This is all you can do until your doctor comes.

No. 77.

**Bleeding from the
bowels.**

Have the patient lie down in a quiet place, secure rest, and apply cold cloths to abdomen. A few drops of turpentine sprinkled on the cloths will do no harm. A doctor should be consulted to determine the cause.

No. 78.
Bleeding from
womb.

If with childbirth or miscarriage see latter part of No. 61. If not, have the patient lie down in a cool, quiet place, stop all conversation and excitement. Place beneath her head a very small pillow or none at all. Raise the foot of the bed eighteen or twenty inches. Place cloths wrung out of cold water over the lower part of the abdomen, thighs and vulva. Have her use a pan and pass urine without rising, until bleeding has been stopped some hours. Such conditions are unnatural and a physician should as soon as possible determine cause and treat it.

No. 79.

**Bleeding from cuts
or wounds.**

If bleeding from cuts or wounds about the head or face, see No. 80.

If bleeding from cuts or wounds about the neck, see No. 81.

If bleeding from cuts or wounds about the arms or hands, see No. 82.

If bleeding from cuts or wounds about the body, see No. 83.

If bleeding from cuts or wounds about the legs or feet, see No. 84.

No. 80.

**Bleeding from cuts
and wounds about
the head or face.**

Bleeding from cuts or wounds of scalp or face can be controlled until the doctor comes by pressure with the fingers upon the bleeding point, or fold a clean white cloth of proper size to cover the wound, dip it in cold water and press firmly upon the wound until bleeding ceases. Then a strip of muslin may be torn into a bandage and the compress tied in place. Do not put on soot, and cobwebs, and flour, and salt, and dry dust, etc., as it poisons the wound. The cold compress as above described is all the treatment required until the surgeon arrives to permanently stitch or dress the injury. See Plate No. 4 immediately following.



FIG. NO. 4.
COMPRESS, SCALP OR FACE.
(See No. 80, page 44.)



FIG. No. 5.
THUMB PRESSURE IN NECK.
(See No. 81, page 45.)

No. 81.

**Cuts, stabs, or
wounds in the
neck.**

Grasp the neck above and below the injury and press firmly until you have caught the vessel and controlled it. Then keep steady and continuous pressure just enough to control the hemorrhage until the surgeon arrives. If you cannot stop it by this method, put the finger in the wound and press firmly in different directions. Once controlled never relax your pressure until the surgeon arrives to direct proceedings and assume responsibility. See Plate No. 5, immediately preceding.

No. 82.
Cuts or wounds of
arm or hand.

(a) *In the arm pit.*—Press firmly behind the collar bone. Sieze some hard, round object the size of an orange, wrap in a handkerchief and press firmly in the armpit. Then bind or hold the arm against the side until the surgeon comes. See *Plate No. 6*, immediately following:

- (b) *If the wound is between shoulders and elbow* see next printed page.
- (c) *If between elbow and hand* see second next printed page.
- (d) *If about the hand* see third next printed page.



FIG. NO. 6.
COMPRESS, IN ARM PIT.
(See No. 82, page 46.)



FIG. NO. 7.
TOURNIQUET TO ARM.
(See No. 82, page 47.)

No. 82.**Continued.**

(b) *If the wound is between shoulder and elbow.* If spouting freely press above and below the wound. If this fail have someone make a roll of cloth the size of the fist, lay it over and above the wound, around it and the arm tie a handkerchief loosely; run a stick of any kind through the loop of the handkerchief and twist just tight enough to stop the bleeding—and no tighter. Have a surgeon quickly in these cases as there will be danger of gangrene. See Plate No. 7, immediately preceding.

No. 82.
Continued.

(c) *If between elbow and hand.* Wring a clean cloth from cold water and bind firmly on the wound, but only just tight enough to stop bleeding. *See Plate No. 8,* immediately following. This plate illustrates the compress over the pulse or radial artery of the left arm.



FIG. No. 8.
COMPRESS, RADIAL ARTERY.
(See No. 82, page 48.)





FIG. NO. 9.
COMPRESS, HAND.
(See No. 82, page 49.)

No. 82.

Continued.

(d) *Wounds of the hand.* Bleeding from cuts in the palm of the hand may be troublesome. Take a round, smooth object, as a china egg, a ball or stone, wrap it in a clean handkerchief, grasp in the bleeding hand and bind firmly. See Plate No. 9, immediately preceding. About the back of the hand or the fingers the compress and bandage will be sufficient.

No. 83.

Cuts or wounds of
body, chest or
abdomen.

(a) *About chest.* Make a compress of clean cloth, dip in cold, clean water and apply to wound, pressing it firmly with the hand or tying it tightly in position with a bandage. If this fail, remove it and press the finger or thumb firmly upon the point from which the blood seems to well. In a stab wound which penetrates the chest, place the patient in the recumbent position and enforce rest and quiet, as the breathing will be embarrassed, and over the wound apply a clean compress.

(b) *About abdomen.* Over cuts or wounds which do not open the abdominal cavity, place a clean, folded cloth wrung from clean, cold water, and await your surgeon. If the abdomen is penetrated, but the intestines do not protrude do the same as above. If intestines protrude from the wound and you know that it will require an hour or more to secure a surgeon, wash your hands quickly and thoroughly, removing every particle of dirt; and gently replace them. Over the wound place clean cloths wrung from clean *hot* water, and await your surgeon, giving your patient an ounce of whiskey and hot water if there is great prostration. If you cannot replace intestines *with ease*, and you know that the surgeon will soon arrive simply cover them with clean cloths wrung from clean water as hot as can be borne, until he comes.

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No. 84.
Wounds of legs and
feet.

(a) *If of the thigh close to the body.* If a large vessel is opened nothing will stop it but pressure with the thumb or finger. Press above and below the wound or thrust the finger boldly into the wound and press firmly upon the point from which the blood seems to well. See Plate No. 10, immediately preceding for course of large artery.

(b) *If between the body and knee* see next printed page.

(c) *If in the hollow of the knee* see second next printed page.

(d) *If between the knee and foot* see third next printed page.

(e) *If about the foot* see fourth next printed page.

No. 84.

Continued.

(b) *If between body and knee.* Tie a handkerchief or piece of strong cloth about the limb above the wound; pass a stick through the loop and twist it tight enough to stop the bleeding. Have the surgeon quickly in these cases as the circulation is cut off from the limb below. See Plate No. 11, immediately following. If the larger vessels are not opened use only a clean cloth folded, wrung from clean, cold water and held upon the wound by a bandage or the hand until the surgeon comes.



FIG. NO. II.
TOURNIQUET, THIGH.
(See No. 84, page 52.)





FIG. No. 12.
COMPRESS, HOLLOW OF THE KNEE.
(See No. 84, page 53.)

No. 84.

Continued.

(c) *If in the hollow of the knee.* Take a ball or roll of clean cloth and place it upon the wound. Then bend the knee upon the thigh firmly enough to stop the hemorrhage, and retain it there with a bandage. See Plate No. 12, immediately preceding.

No. 84.
Continued.

(d) *If between the knee and foot.* Place a clean cloth wrung from cold water over the wound and tie firmly in place with a clean handkerchief or bandage and place the limb in an elevated position. If this fails, remove the dressing and with the finger washed perfectly clean, press firmly above and below the wound, or failing in this press firmly upon the point from which the blood wells, holding it steadily until the surgeon comes. See plate No. 13, immediately following.



FIG. NO. 13.

COMPRESS. LEG.

(See No. 84, page 54.)



FIG. No. 14.
COMPRESS, FOOT.
(See No. 84, page 55.)

No. 84.

Continued.

(e) *About the foot.* Make a compress of clean cloth and place it upon the wound; tie it firmly with a bandage and elevate the limb. See Plate No. 14, immediately preceding.

No. 85.
Method of carrying
wounded persons.

The following Plates, Nos. 15, 16, 17, 18, 19, explain themselves. The particular method employed in each instance must be determined by the nature of the case, and the materials at hand. The stretcher in Plate No. 19, can be made of poles cut by the roadside, fork handles, etc., and gunny sacks, or a buggy blanket, or a coverlid or strong sheets, brought from the nearest house, or coats of bystanders. In carrying a wounded person the bearers should keep step and walk with a steady swinging pace to avoid jolting.

Nos. 15 and 16, the Saddle.

No. 17, the Tandem.

No. 18, the Sling.

No. 19, the Stretcher.



FIG. NO. 15.
THE SADDLE.
(See No. 85, page 56.)



FIG. NO. 16.
THE SADDLE IN USE.
(See No. 85, page 56.)



FIG. NO. 17.
THE TANDEM.
(See No. 85, page 56.)



FIG. No. 18.
THE SLING.
(See No. 85, page 56.)



FIG. No. 19.
THE STRETCHER,
(See No. 85, page 56.)

No. 86.

Fracture of bones.

For treatment of fracture of skull see No. 87.

For treatment of fracture of arms see No. 88.

For treatment of fracture of legs see No. 89.

For treatment of fracture of ribs see No. 90.

No. 87.

**Fracture of the
skull.**

In fracture of the skull but little can be done pending the arrival of the surgeon. Place the patient in a horizontal position. Loosen clothing from about the neck, and cover the wound with clean cloths wrung from clean, cold water. If there is great weakness and feet and hands are cold, hot-water-jugs, self-sealer fruit jars filled with hot water, or hot irons, may be placed around him. Blood and dirt may be washed from the face and head. All injuries about the head should be carefully inspected by a surgeon, as often an apparently slight injury will be followed by epilepsy or other symptoms of brain injury.

No. 88.

Fracture of the arm.

(a) *If the fracture is between the elbow and the shoulder.* Cut away the clothing and tie the forearm to the chest with a bandage, placing a folded cloth between the arm and body; then cover the injured part with clean cloths wet with cold water and await your surgeon. Keep the cloths wet with frequent changing. See Plate No. 20, immediately following. If the elbow is crushed, allow the arm to hang perfectly straight and apply cold compresses until the surgeon comes.

(b) *If the fracture is between the elbow and hand,* see next printed page.



FIG. NO. 20.

FRACTURE, ARM.

(See No. 88, page 58.)



FIG. No. 21.

FRACTURE, THIGH.

(See No. 89, page 59.)

No. 88.

Continued.

(b) *Between the elbow and hand.* In this fracture it is usually sufficient to fold a cloth into ten or a dozen thicknesses and tie about the arm as directed in Plate No. 22 for the leg. Keep cloths wrung from cold water over the injured parts until the surgeon comes.

No. 89.

Fracture of the legs.

(a) *Of the thigh.* Lay the patient in a horizontal position. Arrange him as comfortable as possible and on either side of the injured limb and snugly against it, lay a couple of sand bags as long and nearly as large as the limb. These will act as a support and prevent twitching of the muscles and consequent pain until the surgeon comes. If sand cannot be quickly obtained use in lieu thereof a couple of sticks of heavy wood wrapped in cloth. Cold compresses should be kept applied to the injured parts. See Plate No. 21, immediately preceding.

(b) *If the fracture is below the knee,* see next printed page.

No. 89.

Continued.

(b) *If the fracture is below the knee.* Either take a small pillow or a blanket folded many times. This is then bound about the limb as shown in Plate No. 22, immediately following. If necessary several pieces of shingle may be used outside as a reinforcement. In the trough thus made the limb can rest snugly and be covered with cold water compresses until the doctor comes.



FIG. NO. 22.

FRACTURE, LEG.

(See No. 89, page 60.)

No. 90.

Fracture of ribs.

Where the ribs are fractured and breathing is painful partial comfort may be secured while waiting for the physician by binding a towel or pillow-slip or muffler tightly about the chest over the seat of injury.

No. 91.

Dislocation of bones.

The inexperienced should never attempt the reduction of any dislocated bone, as permanent injury of the joint may follow such bungling efforts. Tear some strips of muslin and roll them into bandages, and bind the dislocated member in such a way as to prevent motion, and take the patient to a surgeon quickly as possible, or have the surgeon summoned if any of the large joints are involved.

No. 92.
**Strangulated
hernia.
Rupture.**

A rupture often-times slips from beneath its truss or "comes down" from various causes and becomes "caught" so that it can not be returned. This condition places the patient in pain, often intense, and likewise in great danger. If there is difficulty in reducing the hernia, proceed as follows: Place the patient in the position shown in Plate No. 23, immediately following, grasp the mass gently and make *gentle* pressure towards the abdomen in the direction from which the rupture seems to come. Don't be rough, work gently but persistently for some minutes. If your efforts fail make a large poultice of hops or bran and place over the part, or wring cloths from hot water and sprinkle them with laudanum and apply. In a few minutes try again. Repeat these proceedings several times and still failing have the surgeon quickly, keeping up the hot applications until he arrives.



FIG. NO. 23.

REDUCTION OF HERNIA.

(See No. 92, page 62.)

No. 93.

**Foreign bodies, as
thorns, splinters,
nails, etc., in the
flesh.**

If a large splinter or nail or any foreign body of any size should be driven into the flesh, you should not remove it but leave it for the doctor. The reason for this is that many times the wound is poisoned from the object producing it being unclean and the wound should be thoroughly cleansed, kept open by drainage and made to heal from the bottom. Care as to this matter will absolutely prevent lockjaw and abscesses. Pack some cotton around the injured part to prevent the clothing rubbing it and see the doctor.

No. 94.
Emergency Box.

NOTE.—*Contents of an Emergency Box.* The author suggests that the following articles be prepared and kept in any convenient box. They should be neatly packed and carefully labeled that they may be selected with celerity and certainty. You will be amply repaid for the slight trouble and expense necessary the first time an accident or emergency occurs in your household.

1. Six bandages rolled. These should be made from strips torn from an old but thoroughly clean sheet and should vary in width from one and one-half to three inches and should be the length of the sheet. They may then be very tightly and evenly rolled and kept wrapped in paper.

2. One dozen compresses. These may be made from both old muslin or linen and flannel (strictly clean). Tear into square pieces of different sizes and fold smoothly and neatly to several thicknesses. These should also be kept wrapped in clean paper to insure freedom from dust or dirt when needed.

3. An ounce of Borated Absorbent Cotton, from the drug store.

4. A package of Court or adhesive Plaster, from the drug store. This is always convenient for drawing together small superficial wounds.

5. Pins, common and safety.

6. A cake of Antiseptic Soap.

7. Four clean towels.

8. A good hot water bag with fountain syringe attachments. (A substitute for the hot water bag may be secured by filling a quart self-sealer fruit jar with hot water and wrapping it in flannel).

No. 94.

Continued.

9. Mustard. Both in the form of the flour and also the mustard leaves. These are the ready-made plasters requiring only wetting for instant use. Obtain at the drug store.

10. Two ounces of Turpentine.

11. Two ounces of Spirits of Camphor.

12. Two ounces of Syrup of Ipecac.

13. Two ounces of Carron Oil (equal parts of linseed oil and lime water) for burns and scalds.

14. One-half ounce of Laudanum, wrapped in red wrapper and labelled Laudanum, Poison, with dose.

15. Two ounces of Aromatic Spirits of Ammonia.

16. Eight ounces of best Whiskey.

17. Eight ounces of Epsom Salts.

18. Two ounces of Castor Oil.

19. Four ounces of best Olive Oil.

20. Four ounces of best cider Vinegar (filtered).

21. Small bottle of common cooking Soda.

22. Package of Flax Seed Meal.

23. Package of Hops.

To these may be added a good liniment, cough syrup, ointment, etc., procured of some physician.

PART SIX.

SANITARY NOTES.

To be brief, a large proportion of the "ills and natural shocks that flesh is heir to," are not an inheritance of the past, nor a natural necessity of the present. They are born of the conditions with which we surround ourselves. Pure air, pure food, pure water, and the avoidance of contamination by contact with foci of infection—these, with regular habits, comprise the laws of health.

PURE AIR.

No. 95.
Pure air.

It is obvious that in a little manual of this kind one cannot enter into details. The author designs, however, calling your attention to the more common sources of impurities in the air.

Each time a person of average size breathes there is taken into and exhaled from the lungs about twenty cubic inches of air. This is accomplished ordinarily about eighteen times to the minute, using three hundred and sixty cubic inches or about fifteen cubic feet of air per hour. This air when respired undergoes the following changes: It loses about one-twentieth its volume of oxygen gas, and gains carbon dioxide gas. It also gains vapor of water and ammonia and a small quantity of organic matter. As the organic matter rapidly decomposes and as carbon dioxide gas will not support life, the necessity of a careful scientific ventilation of living apartments is self-evident. Sunlight and fresh air should be freely admitted and the atmosphere in a sitting-room or bed-room should be at all times as pure and sweet as it is outside.

The slightest odor to a sensitive nostril is indicative of the presence of poisonous products which will sooner or later sap the vitality of those long exposed to their noxious influences. Another common source of impure air in living apartments is the poisonous gases—carbon monoxide and coal gas escaping from imperfect heaters. If stoves or hot air furnaces are used it must be required that the draught is perfect and the connections are tightly fitted.

If the air in your sitting-room becomes oppressive, if you have a feeling of

No. 95.
Continued.

restlessness or lassitude, if you have a "stuffy" headache, raise all the windows, throw back your shoulders and fill your lungs five or six times with the pure cool air and note how quickly those symptoms will disappear.

"Evil things love the dark" and from the putrid recesses of a foul vault, a defective kitchen sink, a choked or leaking drain, or an imperfect sewer trap, or from decomposing vegetables or other organic matter in the cellar, or from heaps of refuse in alleys, or about the house, where perhaps a heavy flood of rain has deposited it, carried from a distant source, in short from anywhere where there is a deposit of organic matter, and God's free sun and air cannot penetrate, there are bred the demons of disease; and Divine Providence is asked to bear the blame resulting from the criminal carelessness of man.

You will remember the story of the occupancy of New Orleans by Gen. Butler's army. The southrons said to him, "You are all right now but just wait until 'Yellow Jack' pays his annual visit." But while they were waiting for the fatal germs to awake to activity and smite the invading army, as the silent, swift, invisible arrows of Apollo smote with death the Grecian hosts before the walls of Troy, Gen. Butler cleaned up the city and there was no yellow fever that year. It was the triumph of science over superstition; the science of cleanliness, which is the subject of my story: Secure from your physician or druggist such antiseptic solutions as they recommend and keep these sinks and drains and cesspools clean.

Again, the germs producing the class of diseases known as malaria, of which inter-

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Continued.

mittent fever is the type, thrive in damp soil. A pond of water is not dangerous if the banks are steep, nor a stream of running water under similar conditions, but if there are sloping, muddy shores the miasm of malaria is there produced.

Where there are many shade trees about a house the soil is kept damp and there germs will thrive and exercise their pernicious influence upon the dwellers therein. The best surroundings for a residence are well drained blue grass swards, and shade trees should not be planted so closely as to exclude the sunlight, and should be trimmed high enough to allow the "gentle zephyrs" to play hide and seek beneath their lower branches.

You should request your physician as a part of his professional duty to assist in locating and removing all such possible sources of contamination as enumerated above.

PURE FOOD.

No. 96.

Pure food.

The subject of pure food should be considered from two points of view, viz.: The selection of an untainted or unadulterated article and the methods of its preparation. Both are equally important as the most expert cook could not make a palatable sample of coffee from chicory or clay-berries, and the finest of Mocha or Java may be spoiled. Again, while there are without question some joints of meat which are not fit for use, and no cook could make tender or palatable, the richest, juiciest cut from a mature animal

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Continued.

may be rendered indigestible and robbed of a great portion of its nutritive qualities by unscientific cooking. For instance for hundreds of years and possibly thousands invalids have been given beef tea made by chopping the meat and placing the fragments in a bottle, sealing the bottle presumably to retain the escaping strength, and placing the apparatus in a kettle of boiling water to simmer for some hours. The albumen of the meat is coagulated, the fibrous portion contracted, and the watery portions holding the salts in solution are expressed. This liquid, slightly stimulating but possessing no food value whatever, is then administered, and many a loved one has died of inanition and starvation while the anxious attendants fondly supposed they were administering the "ne plus ultra" of nutriments.

The proper cooking of food is not only a health preserving measure but it is also a matter of pleasure and economy. The author would therefore insist that a good cook-book is an absolutely indispensable article in the kitchen. For convenience of reference a few recipes are appended. See "Invalid Cookery."

In the matter of food selection we cannot enter into discussion of specific adulterations. In many of the states "food commissions" are now publishing reports from which much information can be derived, and a suspicious article can be referred to your physician for examination. A few points, however, must be mentioned. From "measly" beef or pork, eaten raw or imperfectly cooked, or more rarely from dried or uncooked fish from which the intestines have not been removed, are obtained the various forms of tape-worms.

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Continued.

From pork imperfectly cooked is obtained the trichina spiralis.

From the meat of tubercular or lump-jawed cattle (consumptives) are contracted tubercular or consumptive diseases. Such meat is unfit for use, cooked or uncooked, and any person found dispensing such should be prosecuted to the fullest extent of the law. The same is true of animals with splenic fever, pleuro pneumonia, cow or sheep pox, in fact almost every disease to which animals are subject may be transmitted to man.

Canned goods, whether meat or vegetable, sometimes have developed poisonous products, and should be discarded unless absolutely sweet and clean.

Meats also soon become unfit for use after cooking, and should never be eaten if there can be detected the slightest stale taste or odor.

Again, all fruits or vegetables eaten raw should be very thoroughly washed in pure water. The practice of green grocers or fruiterers exposing their stock in open stalls allows them to become covered with the street dust, containing as it does, filth of almost every description, and loaded with the germs of any prevailing epidemic. Such articles as figs or dates are absolutely unfit for use after such exposure, unless after thorough washing and cooking.

Another possible source of contamination of food with disease germs is through the interposition of the "green" or "blue-bottle" fly, which may divide his friendly attentions between any convenient mass of filth and your dinner roast.

Perhaps no food product is responsible for as many ills as milk. Owing to its composition it is an almost perfect vehicle for the growth and development of a number

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Continued.

of the so-called pathological bacteria or disease germs. Milk from a *healthy animal* is aseptic or free from germs when drawn; but in a short time, a very few minutes in fact, under favorable conditions, it has caught from the air the spores of such infection as may be present, or has received contamination from dirty vessels in which it may have been placed. Diphtheria, scarlet fever, etc., have indubitably been so transmitted, and an epidemic started in the milkman's route.

From a consumptive cow, the milk when drawn is already loaded with the bacilli of consumption, and liable to produce this dread disease. It is sometimes insidious in its development and may exist a long time in a latent form before the health of the animal perceptibly deteriorates.

The health of the family cow is so intimately associated with the general welfare of the family that no pains should be spared to feed her upon *clean* food and give her *pure* water and keep accurate observation as to her general condition. Dairy herds should be regularly inspected by one competent to discern latent disease and deal with it scientifically, while the utmost care should be taken to keep milk in a pure atmosphere, and in the very sweetest and cleanest containers. In doubt as to the successful accomplishment of these precautionary measures, the proper proceeding is to always bring the milk just before using to a temperature of 160 degrees, keeping it so for five minutes.

Under certain conditions, not as yet exactly determined, milk and also cheese develops a very active poison called Tyrotoxinon. This is the fatal element in wholesale poisoning by ice cream sometimes reported. This is also the principal factor in the

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Continued.

causation of cholera infantum. When we come to consider the immense fatality among artificially fed infants, the question of the purity of the milk (their usual diet) becomes a prodigious one. The greatest care must be taken, *first* of the health of the animal from which it comes; *second*, of the containers; *third*, of the nursing bottle; and even then there is no possible safety except in what is called sterilization—which consists in bringing the milk to a temperature sufficient to destroy any contagion it may contain.

Consult your physician and have him obtain for you a sterilizing apparatus (the cost is insignificant) and save your babies during the hot summer months from the dangers of cholera-infantum and summer complaints.

NOTE.—Water should also be sterilized. See “Pure Water.”

No. 97.

Pure water.

PURE WATER.

All water, of course, comes directly by precipitation from the atmosphere. We obtain it from the following sources of supply:

Rain water, as it falls collected in cisterns or reservoirs.

Surface water from streams or shallow wells.

Springs.

Deep wells.

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Continued.

Rain water is not always, as the popular idea would indicate, desirable for drinking purposes. In falling it acquires certain impurities from the atmosphere and collected from roofs, as it usually is, it retains in solution or suspension such dirt as may have been accumulated thereon, not all of which is removable by filtration.

Again, when the temperature in midwinter falls far below the freezing point, it becomes necessary to store this water in underground cisterns. Very rarely are these reservoirs so constructed as to prevent a certain amount of "seepage" into the surrounding soil and likewise a return through the walls, as the supply becomes low in the cistern, of surface water loaded with such impurities as it may have acquired.

Rain water is not therefore potable as many people believe, simply because it is rain water, but care should be exercised to first allow the roof to become thoroughly flushed before turning it into the cistern, also to have constructed a suitable filter which will reduce to a minimum the passage of organic matter in suspension, and to have the walls of the reservoir constructed of brick laid in cement and thoroughly plastered with the same on the inside. Even then if the specimen possesses the least odor, or turbidity, or discoloration, it is probably unfit for internal use without cooking and should be taken to a physician for judgment.

Surface water, from streams or shallow wells, is usually the most dangerous of all sources of supply. Especially is this true where the streams flow through thickly settled countries and where they receive the sewage from cities, or refuse from manufacturing establishments.

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Continued.

Another popular idea that water becomes purified by oxidation after flowing about twelve miles is only true to a limited extent. Some dead organic matter may become so destroyed, but contamination of bacterial origin lives on forever. The same may be remarked of the passage of water through soil or sand. A portion of the organic impurities in suspension may be filtered out, but those in solution, and the germs of some diseases will remain an indefinite distance from the source, and the clearest, sparkling, palatable specimen of water be deadly in its effects.

The author well remembers an experience he had early in his professional career. He attended a case of Typhoid Fever in a house which formed one of a collection of about twenty, within a square mile. No cases of this fever had occurred in that locality for seven years, during which time the water supply had been very abundant. Seven years previously a case had occurred resulting in death, in the very house above mentioned, and no precautions had been taken as to disinfection, the patient's discharges being cast into the back yard. The year in which the disease recurred was a very dry one and the water supply became concentrated. With the author's case the dejections were carefully destroyed—cremated in fact—and every care taken to prevent its spread, yet in a few days one case after the other occurred until there were some thirty cases, nine being in one house where three different families had moved in and out. The water of these wells appeared pure and sweet, and responded to no positive tests for organic matter. Yet a large quantity of peppermint thrown into the well first infected, soon gave unmistakable evidence of its presence in those immediately adjoining. With the boiling

No. 97.

Continued.

of the water before use, the epidemic rapidly subsided. It is the author's opinion that this supply of water will never be safe for use uncooked. This practical illustration will suffice to much better enforce the lesson than any amount of philosophising.

It must also be recorded that the prevailing idea that ice in forming excludes the impurities from the water is to a great degree false. The bacillus of typhoid fever has repeatedly been found in ice, and this substance collected from an impure source is undoubtedly unfit for use.

But let us to the moral. All surface waters in thickly settled countries should be looked upon with grave suspicion, and should not be used unboiled unless your physician should, by carefully conducted tests, have demonstrated absolutely their purity. For the methods of collecting the specimens for examination consult him.

The occurrence of typhoid fever, bowel troubles, or cholera, should lead to immediate investigation, and pending such, *boil all the water used.*

Springs usually afford a pure supply of water, if tapped at their source. The product of deep wells is also free from organic impurities, but many are too "hard" for use, there being good presumptive evidence that some digestive disorders—calculous and goitrous affections may have such a cause. Iron and sulphur may be present in such quantities as to be deleterious to health.

Lastly inorganic poisons may find entrance into a water supply and with evil results. Lead from conducting pipes or fittings, other mineral salts from refuse of manufactories, etc. Do not trust your individual observations as to the purity of your water supply.

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Continued.

Have your physician help you investigate it. He will better earn a fee in warning you of danger than in pulling you out of the pit.

No. 98.
Direct contact or
contagion.

In studying the question of the propagation of disease by direct contact, "exposure," or contagion, it is assumed that the foregoing notes on pure air, pure food and pure water have been conned.

The method we have selected of handling the subject is to consider each common infection in detail, beginning with No. 99, scarlet fever, etc.

No. 99.
Scarlet fever.

Scarlet fever, or scarlet rash—technically scarlatina—is one of the most dread diseases, and justly so, of childhood. It varies in intensity—at one time only a few isolated cases occurring without serious results, and again, depending upon conditions, not exactly determined, epidemics of great mortality will sweep over a community and decimate the child population. Infants under six months almost always escape, but over two-thirds of all cases occur before the age of six years. One attack does not always (though it does very nearly so) confer immunity against a second. Scarlet fever is due to a microbe which has not yet been isolated, but this much is certain. It is a portable poison, lasting indefinitely and affecting some of the lower animals, notably the dog, cat

No. 99.

Continued.

and cow. It may be carried about in clothing, especially flannels and furs, and it will remain for years and years slumbering in inactivity, only to awaken with the opening of a trunk or wardrobe, and whip and scourge mankind as one of the evils from the chest of Pandora, which legend I think must have originated from some such occurrence.

This poison can also be retained in books and toys, and even a letter may convey the germs and start a new contagion hundreds of miles away. They thrive rapidly in milk, and are often so carried about, while woolly animals, even though unaffected by the disease, may carry it in their fur. It is not as contagious as measles and only a certain proportion of those exposed succumb to the infection. The time after exposure required for the development of the disease varies from twenty-four hours to five days. So a child known to have been exposed should be at once isolated from the rest of the family and kept so for at least a week or ten days even though no suspicious symptoms should arise. These symptoms are as follows (and mean that no time should be lost in securing the services of the physician): vomiting, sore-throat, coated tongue, and usually within thirty-six hours the occurrence of a scarlet eruption. The two former symptoms should demand immediate attention, as the eruption may not be well marked, or tardy in appearance. Later as the eruption fades away the skin becomes scaly and peels off (desquamation).

This disease is contagious by contact during its whole course, but probably more so during the scaling stage, and the most rigid quarantining should be maintained throughout and until the premises are thoroughly renovated. It must be impressed that too much

No. 99.

Continued.

care cannot be taken with this last proceeding, as it is more often ineffectual with scarlatina than any other disease, some focus of infection remaining, some contaminated garment, some toy or plaything or keepsake, perhaps, that may be kissed months or years later with what may prove to be the kiss of death. The physician himself should always order and direct the entire process of fumigation and cleaning of the furniture and premises infected.

For treatment until the doctor comes see No. 53.

No. 100.

Diphtheria.

The consideration of this subject is the unfolding of a tale of horror. As stated in the American text-book of the diseases of children, "Less than a century ago but few isolated and poorly understood cases were seen, but the disease has spread very rapidly during the past fifty years and in New York city alone the mortality from diphtheria and croup has exceeded fifty thousand in twenty-five years. Lately the great epidemics of diphtheria that have swept from the Atlantic to the Pacific and have left in their wake many thousands of "mothers weeping for their children," make this estimate insignificant.

The microbic origin of this disease is beyond question, and its association with dirt and unsanitary conditions indisputable. Oh! that every one of the conditions enumerated

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Continued.

as causes of impure air (see pure air No. 95) could be made to revert in their consequences upon the individuals responsible for their continuance until cleanliness should be worshiped as a household god, and those who refuse to be votaries at her shrine, be made to go forth like Nebuchadnezzar of old and eat grass with the brutes. Poverty is many times excusable, dirt never! From the accumulated experience of the last few years, physicians have been brought to look upon *every case of sore throat* as a menace and to distrust their powers of at once determining its nature. As too often what has been considered only a slight attack of tonsilitis has proven to be a fatal diphtheria and gradual failure of the patient's vitality under the influence of the absorbed poison or extension of the membrane to the larynx (membranous croup), ends the scene by strangulation.

It is, on the other hand, also true that what promises in the outset to be a disease of violence sometimes subsides rapidly without serious results. The point is this (let me repeat it): Every case of sore throat is a menace, and should be *at once* isolated from the rest of the family, placed under the care of the physician and *kept there* until the diagnosis admits of no question. Even to my professional brothers let me cry this warning. Regard every case of exudative tonsilitis as infectious until you have demonstrated by bacteriological culture and clinical course that it is not so. To the people let me once more cry, clean up. Let there be no source of impure air about your residence, and admit the sunlight.

For treatment until the doctor comes see No. 52.

No. 101.
Tuberculosis.
Consumption.

Upon this subject volumes might be written, and when we contemplate the awful mortality among the civilized nations from consumption of the lungs and other diseases due to the same germ—"the Bacillus Tuberculosis," we can only assert that volumes should be written, until every individual shall become cognizant of the fact that consumption is a contagion, acquirable by contact, and avoidable by painstaking care. It is true that inheritance of the consumptive type or tendency, somewhat disqualifies an individual for the struggle against infection, but far too much has been made of heredity. In an examination for life insurance the question, "Have you recently nursed or been for any length of time in contact with a consumptive patient?" now grades in importance with "Have any of your parents, grandparents, etc., had consumption?" For this disease to *be in your house* is of the same painful significance as if it were *of your house*. The reason why this disease could scourge mankind for centuries, and this matter of its contagiousness remain practically unnoticed, and even to this day generally unheeded, is because of the tardiness with which in most cases the infection acts; many resisting its influence as long as their general health remains good, while others seem to be practically insusceptible to its influence, escaping after years of exposure.

The author remembers an instance coming under his personal observation. A man of good, sturdy, German stock, in whose family for generations there was no hereditary blight, married a woman in whose family the disease was fulminating. She succumbed in a few years. The husband apparently healthy, married a second wife, whose family was as free from taint as his own. Yet in about five years she died of tuberculosis. The

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Continued.

husband's health had by this time begun to deteriorate and, though still a young man, he too soon crossed the great divide into that Eldorado where it is hoped the tubercle bacillus does not thrive. Any one can read between the lines of this story. The infection came with the first wife, was retained in a latent form in the bronchial glands of the husband, infected the second wife and ultimately conquered the magnificent physique of the man.

How are these bacilli transmitted from one to another? In the preceding notes on "pure food" are mentioned diseased meat, milk, etc., See No. 96. The usual avenue, however, is through the air. Spit from a consumptive patient, containing the bacilli, is cast about here and there, allowed to become dry and blow about in the air, is inhaled, and falling upon a sensitive soil, these organisms propagate too rapidly for the standing army of the system to destroy, establish permanent colonies, hoist the black flag of no surrender, and another name is soon added to "statistics." These dried bacilli may settle as dust, invading every nook and cranny of a porous wall. The carpets, upholstered furniture, library shelves, clothing in wardrobes or trunks, etc., and the zealous housewife or the servant who in cleaning up after the first act of the tragedy is completed, with the gusts and eddies of the dust she agitates is creating a whirlwind that may speed her across the troubled sea of tuberculosis into this same "haven of statistics."

These examples are sufficient to fix the lesson and to point the moral.

First, a consumptive patient should be as far as possible *isolated*. He should not mingle with his fellow man, much less with his loved ones at home, except he wishes to leave them a possible, nay probable, legacy of sorrow.

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Continued.

Second, the spittle should always be cast into a vessel containing a powerful anti-septic solution, with which any physician or druggist can supply you, and never be allowed to dry. If a cloth is used burn it before it dries.

Third, towels, clothing and bedding of consumptive patients should be kept separate from the family wardrobe and *boiled* soon as removed.

Fourth, all spoons, cups, etc., used should be kept separate from the family supply, and kissing should be interdicted.

Fifth, the marriage of a consumptive, or even of one in whom this tendency is marked, is a grave subject for discussion in a manual, but the author ventures the prophecy that society will be compelled, for self-preservation of the whole, to check the reproduction of these dangerous branches, and heredity, or existing disease, be taken as much into consideration at the license court as age and ability to pay the fee.



TYPHOID FEVER.

No. 102.
Typhoid fever.

The germ of this disease, the *Bacillus Typhosus*, has been positively identified. It possesses great vitality. Its diffusion through running water has been already referred to. See Pure Water No. 97. It seems to thrive with great vigor during the late summer and autumn months, and it is during this season that most rigid precautions should be taken.

Typhoid fever is not contagious in the ordinary sense of the word, that is, no exhalations are given off from the skin or lungs that can communicate the disease.

The infectious matter is contained in the discharges from the bowels, is further propagated in drains, cesspools, damp soil, manure heaps or any of the sources of impure air or water, see Nos. 95 and 97.

From thence they find their way into the water supply and are usually taken into the system in this way, though occasionally persons cleaning vaults, etc., acquire the disease by inhalation.

Linen or clothing soiled with the discharges or vomited matter become infectious and persons handling such acquire the disease.

In 1885, at Plymouth, Penn., a single case of typhoid fever occurred on the bank of a mountain stream which supplied the drinking water for about eight thousand people, miles away. The discharges were carelessly thrown about and soon an epidemic occurred of more than one thousand cases, with many deaths along the course of this stream.

Again, in many cases the causes of epidemics have been positively identified with the milk delivered from a certain dairy. These germs, as in fact almost all others, find in

No. 102.

Continued.

milk a suitable nidus for rapid development, and the washing of cans with impure water, or possibly its addition to the milk as a diluent, sows therein enough of the dragon's teeth to raise up an army of destruction.

What shall we do to prevent this disease? As the patient's discharges contain the poison they must be destroyed. Your physician should attend to this, as not the least element of his professional duty.

The author suggests, however, that where pecuniary circumstances will not permit the purchase of the necessary antiseptics, that purification can always be obtained by fire.

The accumulations of each day can be kept in a closed vessel and daily cremated, while all bedding and clothing should be placed at once, upon removal, in strong brine and kept there until washed and boiled. The connection of the typhoid bacillus with dirt, water, etc., has been already considered.

No. 103.

Typhus fever.

Typhus fever fortunately requires no extended discussion here. While it is an acute and very infectious and fatal disease, it is of rare occurrence in America, being confined principally to seaboard towns, where limited epidemics may spread from cases brought from abroad or developed from the unsanitary conditions on board ships, and propagated through the same influences in filthy tenement houses. Sanitation and quarantining have always confined these outbreaks to a limited area.

No. 104.
Cholera.

This disease is due to a germ—the Cholera Bacillus. Its home is in India, and it is from the sacred (?) cities of Mecca and Medina and Hundwar, where countless pilgrims yearly congregate under the most filthy and abominable sanitary conditions, that this fearful disease fulminates and extends its deadly arms throughout India, and from thence to all the European countries.

It is so essentially, so markedly a dirt and filth disease that it is to be hoped civilized countries may soon pass beyond the “choleraic” stage of their existence and the infection become extinct.

Thompson, in the American text-book, mentions as predisposing causes, privation, famine, debauchery, fatigue, debilitating diseases, alcoholism, mental distress, eating decomposing meat or spoiled fruit. This is sufficient to place the disease among the very lowest classes of mankind.

The bacilli are contained in the discharges and vomited matter, and may be carried in clothing from one side of the world to the other, or in the mails, or any other express matter. They may be transmitted through water or impure food. (Read Pure Food, Pure Air, and Pure Water, etc.).

Safety lies in thorough isolation, and cleansing of an infected district, and destruction of all excretions and soiled clothing.

People in America, living under perfect sanitary conditions, need have but little fear of ever contracting this disease.

No. 105.
Yellow fever.

An acute, very infectious, but non-contagious disease; nativity tropical countries, but frequently becoming epidemic by importation into other countries, but only in seasons or at times when the minimum temperature is 72° . With the first frost the poison seems to at once become quiescent, though it may recur with a succeeding warmer temperature. It is not contracted directly by one patient from another but must undergo a development stage before becoming infectious. It is carried about in clothing or other articles, or the hair, and may preserve its vitality for a long time if kept warm. It keeps near the soil in spreading, immunity gradually increasing with elevation.

Dirt, filth, emanations from decaying animal or vegetable matter, etc., afford the soil for its development.

It is not conveyed through food or drinking water, and an abundance of fresh air diminishes its virulence.

The most thorough public and private hygiene might conceivably eradicate it in the countries where it is endemic and will certainly prevent any outbreak of consequence in more northerly latitudes where it occurs through introduction.

No. 106.
Smallpox.

In our sanitary notes this disease, though one of the most terrible infections of antiquity requires now but passing mention. Its interest to-day is principally historical, as science has so conquered it that no sweeping epidemic will ever again decimate, as in

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Continued.

the past, any civilized country. The means by which this most terrible agency of death has been brought under control and by which its extermination is only a question of time is vaccination.

This is a proceeding too well known to require description, but unfortunately not so universally practiced as to be passed without comment. Lulled into a sense of security by the present comparative rarity of the disease, many persons, through carelessness, neglect this most necessary and beneficial precaution, or through ignorance oppose it.

It may be urged that smallpox is one of those diseases against which the human family have become gradually immune, through natural processes, and that vaccination is no longer necessary. This is most certainly not true, as the occurrence of small localized epidemics of the disease and their prompt suppression by vaccination and quarantining conclusively proves.

It is the duty of every parent, owed alike to their offspring and to society at large, to see that vaccination is properly performed upon every child.

The proper age at which to have your physician perform this safe and simple operation is from three to six months, but in case of exposure or during an epidemic, at birth. The idea that some persons are insusceptible ("will not take") is untrue. Every one who has not been previously successfully inoculated is susceptible and failure to secure the desired result is traceable to the operator or his material. Immunity once secured usually lasts a life time, but every one should vaccinate in case of exposure.

No. 107.
Erysipelas.

Erysipelas is an acute infectious disease due to a specific germ—the streptococcus erysipelosus. Although it may seem at times to occur from causes within the system itself, yet in all probability a careful investigation would show that some slight scratch or sore always can be found as the portal through which the germ gained admission.

As to the prevention of the spread to others, I can do no better than quote the words of Thompson, in the American text-book of the Practice of Medicine (*italics mine*):

“A patient having erysipelas should be isolated, and those in attendance should keep away from puerperal (*child-bed*) patients and such as have open wounds, and they should carefully protect any abrasions (*scratches, cuts, chaps, fever sores, etc.*) on their own persons, and maintain absolute cleanliness of the hands.

“All dressings used about the patient should be destroyed by fire; his bed linen and clothing should be disinfected as in the case of any contagious exanthem (*scarlet fever, smallpox, etc.*), and any instruments used about him should be most carefully disinfected afterward.”

The premises in which such a case has occurred should also be most thoroughly fumigated and purified. This should be attended to by the doctor, in this as in all other cases where thoroughness is essential, as a knowledge of such matters is necessary to do good work.

Child birth or a surgical operation should not be allowed in a room where erysipelas has occurred until after thorough cleansing, and, even then, a number of months must elapse before safety is assured.

No. 108.
Child-bed fever.
Puerperal fever.

The various fevers of the "lying in period," so dreadful in their consequences, so often followed by death or invalidism, so justly feared as one of the incidents of maternity are commonly considered by the laity collectively under the above heading.

It will be sufficient for our purpose, although they constitute several distinct diseases, to consider them likewise, as almost every one of the diseases coming under the classification, child-birth fever, are the result of infection causing inflammation, or decomposition of portions of the after-birth left in the uterus. Either is the result of carelessness, and avoidable. The great measure of safety lies in always submitting the patient in child-birth to the care of a progressive and scientific physician who understands and practices the art of cleanliness, as nine times out of ten the dirty fingers of the midwife are responsible for the introduction of the poison that produces such dire results.

No one should touch or handle a woman during confinement, or one who is about to be confined, unless after the most rigid bathing and scrubbing of the hands with strong soap, and trimming of finger nails to the quick.

No one should be allowed to come in proximity to such a patient who has recently been near a case of child-bed fever, erysipelas, diphtheria, or scarlet fever.

All bedding and washbasins, pitchers, etc., should be kept religiously clean, and all water should be thoroughly strained and boiled.

A sponge should not be used for the bath, as they cannot be boiled and cleaned.

Never destroy a placenta until your physician arrives to examine it and determine if any portions have not been expelled.

No. 108.

Continued.

Insist upon his giving careful directions as to the care of the "lying in" woman, and follow them.

With attention to all the details of absolute cleanliness your patient will never have child-birth fever nor will she take cold.

No. 109.

**Glanders.
Farcy.**

The disease known as glanders in the horse may be communicated to man and almost invariably proves fatal. This infection in the horse is characterized by nodules (lumps) and copious mattery discharge from the nostrils. There also occurs smaller or larger nodules scattered about in the skin, the so-called "Farcy Buds."

The disease is communicated to man usually by inoculation, while handling a diseased horse or materials used about such, the poison gaining entrance through some sore or perhaps a scratch or break in the skin so slight as to pass unnoticed. It may also be acquired by inhalation in stables, or drinking from the bucket used by diseased horses. Any animal having symptoms suspicious of this horrible disease should at once be isolated and handled with the greatest care, while measures should be at once taken to establish an accurate diagnosis. If the case is determined as one of glanders, or even if there be a reasonable suspicion that it is so, the animal should be at once killed and the body

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Continued.

cremated. If burial is decided upon as the disposition of the body, it must be very deeply placed, and far removed from any wells or running water. The best way is to burn the carcass, likewise all the bedding and litter about the barn, and thorough cleaning, fumigating and whitewashing of the latter practiced.

The only treatment for glanders in man is complete destruction of the sore where the poison gains entrance by excision or cauterization. The most sensible plan is to keep away from animals having discharges of matter from the nose and prevent inoculation.

No. 110.
Anthrax.
Splenic fever.

This is another very fatal disease acquired from the herbivorous animals. It is due to a germ,—the bacillus anthracis.

The skin of animals which have died from splenic fever, may contain the virus, and persons handling them acquire the disease, either through some abrasion of the skin, or by inhalation. Persons skinning such animals, or handling them in any way, are in danger, and, as mentioned before, under Pure Food, consumption of the meat may prove rapidly fatal.

Carcasses of cattle dead of splenic fever should be burned and pastures quarantined, cases isolated, and stable thoroughly renovated.

No. 111.

Measles.
Whooping cough.
German measles.
Chicken pox.
Mumps.

These diseases are so well known as to require no discussion here. It may be mentioned of measles, however, that a light diet, an even temperature, and plenty of good, cool water to drink usually suffices as treatment.

Of mumps, the same as above, but care must be taken for a couple of weeks not to get the feet cold or damp.

As to attempts to keep children from having these diseases, the author simply suggests that they are very seldom avoided during a life time and the severity is usually greater with the adult than the youth.

Chicken pox and whooping cough belong more especially to the domain of childhood, and should be avoided if possible as liability progressively diminishes with age.

MANAGEMENT OF INFANTS.

NO. 112.
Management of
infants.

Almost immediately after its birth, a healthy child cries aloud, thereby showing that respiration is established; and this may be taken as a signal of its safety. Not infrequently the child is born in an apparently lifeless state. This is especially likely to be the case if labor has been unduly prolonged. No time should be lost in endeavoring to excite respiration. Very often some slight stimulus, such as one or two sharp slaps on the breast, or a few gentle rythmical compressions of the chest, will be sufficient to induce respiration. Failing in this, alternate immersions in cold and hot water, repeated once or twice, as occasion may require, acts well, or artificial respiration as previously described in this volume may be carried out very advantageously.

When the child cries vigorously, and it is ascertained by gentle compression that the circulation of the cord has ceased, or almost so, proceed to tie and separate the cord. It is important, especially if the cord is very thick, to see that the ligature thoroughly compresses it so that the blood vessels are obliterated, otherwise hemorrhage might occur. The cord is tied about an inch and a half from the child and a second ligature applied about two inches from the first, and divided with scissors between the ligatures.

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Continued.

The baby is now ready for its first toilet. The bath is the most essential item in the hygiene of infancy. Its proper administration is exceedingly important to the well-being of the child. The changes which take place at birth are so radical that the first bath should be given with great care. The child is suddenly transferred from an unvarying temperature of 100° to a varying temperature of from twenty to thirty degrees lower where it must wholly rely upon heat generated within its own body. It is remarkable that such a change is as well tolerated as it is. We should certainly do nothing to reduce the vital forces, and should take every precaution for preserving the vital heat. The temperature of the water should be decidedly higher than that used subsequently. The first bathing should be done as rapid as possible. A tub is not necessary, and, in case of very delicate children it is unwise to use it.

The white substance, with which babies usually are covered, is soluble in fat. An animal oil is best; lard removes it more readily than any other substance. After a thorough anointing of every portion of the body, especially the folds and creases, the oil should be wiped away with a soft cloth. On the following day, when the babe has become more accustomed to its new surroundings, a more thorough bath may be given, but it is best not to use the tub until the cord has fallen. When the tub is first used, the period of immersion should be short. The nurse should take the child upon the lap where it is carefully soaped and sponged, care being taken to avoid drafts and undue exposure. It may then be dipped into the water more for the purpose of rinsing than actual bathing. The duration of the immersion may then be increased until the whole

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Continued.

bath is given in the tub. A healthy child of ordinary strength should be bathed daily until it is at least two years old. The baths should be given midway between meals, the late morning being the most suitable. In hot weather the child may also be sponged in the evening. Washing for purposes of cleanliness, of course, should be done as frequently as occasion may require. The best grade of white castile soap is the most suitable for baby's use.

The cord is well anointed with aseptic vaseline and carefully wrapped in absorbent cotton, this is to be renewed from day to day until it has withered and separated, which usually occurs within one week.

The clothing of the infant varies according to fashion and circumstances of the parents. The important points to bear in mind are, that it should be warm and at the same time sufficiently loose to allow free movements of the limbs and chest. All tight bandages should be avoided. To protect the surface against sudden or excessive chilling the child should wear a lighter or heavier grade, according to the season, of all-wool flannel, the year through.

Feeding: As soon as the mother has recovered somewhat from the fatigue of labor the child should be put to the breast. No milk can be drawn at this early date but the breasts contain a variable quantity of a peculiar fluid known as colostrum. This is a viscid yellowish secretion different in appearance from the thin bluish milk which is subsequently formed. It affords sufficient nourishment, and from its laxative properties clears out the infant's intestinal canal.

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Continued.

For the first few days, and until the secretion of milk is thoroughly established the child should be put to the breast at longer intervals, every four to five hours will be often enough during the first two days. Usually on the third or fourth day milk is secreted and regular lactation commences. Before this time the administration of gruel, molasses and water, sugar-teats, sweetened teas, or any form of artificial food is more than useless, as it lessens the activity of sucking and is almost sure to derange the stomach.

While nursing the infant should be held partially on its side, on the right or left arm according to the breast about to be drawn, the mother bending her body forward so that the nipple may fall easily into the child's mouth, and steadying the breast and regulating the flow of milk with the first and second finger of the disengaged hand placed above and below the nipple. Each of the breasts should be drawn alternately, and a healthy child may be allowed to nurse until satisfied. Usually, during the first six weeks, the breast is required every second hour from 5 A. M. until 11 P. M. This rule, however, is not rigid, some infants requiring food less, others more frequently. These exceptions can only be determined by observation of individual characteristics, and every mother must early learn to distinguish the cry of hunger from that due to the pain of indigestion, and avoid the dangerous practice of resorting to constant feeding as a means of pacifying crying. After six weeks the intervals between nursing may be gradually increased until it reaches three hours. After six or eight months mixed feeding—breast and bottle feeding alternating—is advisable if the baby ceases to

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Continued.

thrive on the breast alone, otherwise, the maxim of not interfering with any course that is doing well is as applicable here as elsewhere, and the breast may be relied upon entirely until time comes for weaning. Should additional nutriment be required, the food must be selected with due reference to age and prepared in the same manner as in regular hand feeding.

The date of weaning cannot be fixed for all cases, since it depends on the health of the mother and development of the child. As a rule weaning should not be attempted until dentition is fairly established, that being the sign that nature has prepared the child for an alternation of food.

About the sixth or seventh month it is a good plan to commence the use of some suitable artificial food once a day, so as to relieve the strain on the mother and prepare the child for weaning, which should be accomplished gradually. In this way a meal of beef- or chicken-tea with bread-crumbs in it, milk and crackers, or some carefully prepared milkfood, may be given to advantage, and as the period of weaning arrives, a second meal may be added, and so eventually the child may be weaned without distress to itself or trouble to the mother. When a mother is completely unable to nurse her child, from physical ailments, or when the secretion of milk fails after a few weeks or months of lactation, artificial feeding must be resorted to.

Taking healthy breast-milk as a type of infant food, the nearer the artificial substitute approaches it in composition the more perfect it is. Milk must constitute the basis of babies' food. Cow's milk is usually selected, and utmost pains must be

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Continued.

taken to secure good milk. It should be modified so as to make it closely resemble human milk.

Cow's milk contains larger proportions of caseine (the cheese-forming element of milk) and less of fat than human milk. Dilution with water is all that need be done to reduce the amount of caseine to the proper level; but as this diminishes the already insufficient fat and sugar, it is essential to add these materials to the mixture of milk and water. Fat is best added in the form of cream, and of the sugars pure white loaf-sugar or, better yet, the sugar of milk may be used.

The addition of a little lime-water is also very useful as it partially neutralizes the acid juice of the stomach and prevents the formation of firm clots or curds.

The following table and schedule, arranged by Dr. Louis Starr, of Philadelphia, a very eminent author on this subject, gives a practical understanding of the method of preparing food:

TABLE OF INGREDIENTS, ETC.

No. 113.
Table of ingredients,
Hours and intervals
of feeding, and to-
tal quantity of food
from birth to the
end of the seventh
month.

Age.	Cream.	Whey.	Milk.	Water	
During 1st week.	5 teaspoonsful.	3 teaspoonsful.	.....	3 teaspoonsful.
From 2nd to 6th week.	2 teaspoonsful.	.....	½ ounce.	1 ounce.
From 6th week to end of 2nd month.	½ ounce.	.....	1¼ ounce,	1¼ ounce.
From 3rd month to 6th month	½ ounce.	.....	2½ ounces.	1 ounce.
During 6th month,	Morning and Midday,	½ ounce.	4½ ounces.	1 ounce.
	Other Bottle.	½ ounce.	4½ ounces.	1 ounce.

TABLE OF INGREDIENTS, ETC.—CONTINUED.

Milk-sugar.	Salt.	A non-starchy Infant-food.	Hours for feeding.	Intervals of feeding.	Total Quantity.
20 grains	.....	.....	5 A. M. to 11 P. M. Occasionally once or twice at night	2 hours.	12 ounces.
20 grains.	a small pinch.	.....	5 A. M. to 11 P. M.	2 hours.	17 ounces.
30 grains.	a pinch.	.....	5 A. M. to 11 P. M.	2 hours.	30 ounces.
60 grains.	a pinch	5 A. M. to 10:30 P. M.	2½ hours.	32 ounces.
.....	a teaspoonful.	7 A. M. to 10 P. M.	3 hours.	36 ounces.
60 grains.			

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Continued.

During 7th month, same as during 6th month except that two teaspoonsful instead of one of Infant-food is added to morning and midday meals.

During the eighth and ninth months five meals a day will be sufficient:

First meal at 7 A. M.: Milk six and a half ounces;

Cream half ounce;

Milk-sugar one teaspoonful;

Water one ounce.

Second meal at 10:30 A. M.: Milk, cream and water in the same proportion, and a reliable "Infant-food" one tablespoonful.

Third meal at 2 P. M., same as second.

Fourth meal at 6 P. M., same as second.

Fifth meal at 10 P. M., same as first. This gives 40 ounces in 24 hours.

After the ninth month further variations in baby's bill of fare may be made. Should any difficulty arise it is best to consult a skillful physician. Strict attention to cleanliness must be paid by mother and nurse. The feeding apparatus should consist of a simple bottle and tip. Immediately after a meal the bottle must be thoroughly washed out with scalding water, filled with a solution of soda—one teaspoonful of soda to a pint of water, and thus allowed to stand until next required; then the solution of soda is emptied out and the bottle rinsed well in cold water before receiving the food.

The nipples, of which there should be two, should be made of soft India-rubber and conical in shape, so that they can be easily everted and cleaned; the opening at the

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Continued.

point should be free, but not so large as to permit the milk to flow in a stream without suction.

At the end of each feeding the nipple must be removed at once from the bottle, cleaned externally by rubbing with a stiff brush wet with cold water, everted and treated same way, and then placed in cold water and allowed to stand in a cool place until again wanted.

Each meal should be prepared separately. Never get into the practice of making, in the morning, the whole day's supply of food, changes take place in the mixture and by the close of the day it has become unfit for consumption.



PART SEVEN.

INVALID COOKERY

BY

JENNETTE PATRICK BUNN.

The dietary of the invalid is of as much scientific importance as his system of medication, and should be as carefully directed by the physician.

We assume that a good cook book should be in every household. And in our little manual we cannot be expected to present the details of scientific cookery, or dietaries for special diseases, as they belong to the physician. However we have collaborated from various sources, and have attempted to present in a form available for quick and ready reference a few recipes adapted to the general use of invalids.

NO. 114.
Invalid cookery.

An important point in serving food to the invalid consists in the manner of its preparation.

In many instances the beginning appetite of convalescence, or the capricious one of a slow sickness, where nourishment is so essential, will disappear promptly when there is placed before the patient an untidy or ill arranged dinner. On the other hand, a small quantity of properly prepared food, nicely garnished according to the season, and served artistically, will prove a more effectual stimulant than the preliminary dose of tonic.

The tray should be covered with a large clean napkin. It should always be furnished with a plate, knife, fork, one to three teaspoons, sugar, salt, pepper, butter, cream, and sometimes syrup, or vinegar. Also a couple of clean napkins, and toothpicks. The addition of a few flowers, or a bit of green decoration, usually equals in effect the after-coming digestive tonic. The china should be selected with regard to color and size. All pieces to be brought in contact with the warm food should be placed in hot water (not boiling) ten minutes before use. Dry them. Warm food in side dishes should always be covered with another similar hot dish.

Where several varieties of food are to be served it is better to bring them in successive courses.

Before serving an invalid with food, his face and hands should be bathed, and mouth sweetened by rinsing with water containing a little lemon juice, tincture of myrrh, &c.

He should be allowed and encouraged to assist himself as much as is consistent with his condition, and to season his food himself unless otherwise ordered.

No. 114.
Continued.

All unpleasant or depressing subjects of conversation must be avoided while eating, and the attendant should infuse into his manner as much brightness and cheerfulness as possible.

The personal appearance of the attendant must be scrupulously neat and clean, and his style of dress somewhat consistent with his employment.

It is the author's opinion that the expressed desire of the patient for some special article of food be allowed, unless, after consultation with the attending physician, it should be deemed inadvisable. On the other hand, a patient should not be continually harassed by asking him to state what he wishes to eat, and then wait in nervous anticipation while it is being prepared.

Select for him a suitable and varying diet, and present it in a pleasing way.

Remove the tray as soon as the meal is completed, and endeavor to secure perfect rest and quiet for the invalid, that digestion and assimilation may proceed undisturbed. The tray should then be refurnished with the essentials for the next meal so as to be always ready.

MATERIALS.

No. 115. Soup stock.

The lean of beef, mutton or veal, with bones of the same, to which may be added the bones of chicken, turkey or game, if at hand. Preference should be given to shank of beef and knuckles or heads of mutton or veal.

Carefully observe these rules:

(a) Put your material to cook without salt in cold water, one quart for each pound of meat and bones. If in cooking, the liquid becomes too low, be sure to add boiling water.

(b) Have all meat trimmed of fat and cut into inch cubes, and the bones broken into small pieces. Cover closely and simmer slowly and steadily over a moderate fire for five or six hours. Rapid boiling will spoil your soup.

(c) Skim carefully and constantly as long as any scum appears.

(d) When done remove all fat by skimming with a spoon, finishing by passing clean pieces of wrapping paper over the top until the fat is absorbed. If it is not to be served at once, cool and remove the fat.

(e) Salt and pepper moderately.

(f) Soup stock must not have vegetables cooked in it. These must be cooked separately, passed through a cullender or sieve, added and boiled two minutes. Stock must be reboiled only a very few minutes.

Using this as a base, varieties of soup may be made:

No. 116.
Soups from stock.

(a) *From Dried or Green Herbs*, separate or in bouquets, according to the taste of the invalid or the direction of the physician. Of parsley, thyme, mint, sage or savory, the proper proportion is one teaspoonful if dried and powdered or one tablespoonful, chopped very fine, if green, to one quart of stock.

Of cloves or allspice, five whole ones or as much ground.

Of mace, one blade; one of bay leaves, five red pepper seed, of celery seed, carrot seed or white mustard seed a scant half teaspoonful well pounded, to the quart.

(b) *With Vegetables, Separate or Combined*: Celery chopped fine, grated or mashed potato, grated turnip, onion or carrot, tomato passed through a sieve, shredded cabbage and onions, grated green corn, green peas or white beans cooked until tender and passed through a sieve, in the proportion of one heaping tablespoonful to a quart.

(c) *With the relishes*: Onion, vinegar, tomato catsup, walnut catsup, mushroom catsup, caper sauce, anchovy sauce, Worcestershire sauce, one teaspoonful to the quart.

(d) *With cereals*: Rice, pearl barley, oat meal and wheat, previously cooked until tender, heaping tablespoonful (cooked) to quart, or corn starch level teaspoonful, browned flour or finely broken macaroni, one heaping tablespoonful, etc.

(e) *With Tapioca or Sago*, previously cooked until dissolved, large tablespoonful to quart. All soups are good served with sippets, croutons, or pieces of bread, browned through in the oven and well broken, or browned crackers.

NOTE.—Any white wine may be added to soup when so desired, two tablespoonsful to the quart, or lemon juice two teaspoonsful.

No. 117.

Chicken broth.

Take the water in which a mature fowl has been cooked until very tender, of which there should be one quart, remove the fat, salt and pepper slightly, serve hot in a pretty bowl with hot crackers or sippets or toast. If desirable add tomato and chopped onions, a tablespoonful each.

Or another very palatable combination is onions, celery and parsley, a tablespoonful each to the quart of broth. Or again, two tablespoonsful of tapioca or rice with a tablespoonful of chopped celery, and the same amount of chopped onion, and a bit of mace the size of a dime, or the flavor may be varied with any herbs used in cooking.

No. 118.

A quick beef broth.

Scrape or chop a pound of round steak. Put on to cook in a pint of cold water. Let come slowly to the boiling point, simmer for twenty minutes or half an hour. Strain. Take off fat with a piece of clean wrapping paper. Add salt.

No. 119.

Potato soup.

One pint of milk in which has been boiled a teaspoonful of chopped onion and two tablespoonsful of chopped celery, to which add three tablespoonsful of hot mashed potato. Let boil up and add a teaspoonful of flour, white or browned, rubbed smooth in a tablespoonful of water. After removing from the fire stir in a tablespoonful of butter. Salt and pepper to taste.

The above recipe is agreeably varied by stirring in one well-beaten egg one to two minutes before removing from the fire.

No. 120.
Cream of celery
soup.

Chop two heads of celery fine; cook tender in a half pint of water; add a pint of chicken or veal broth; let it boil up and stir in a tablespoonful of flour wet to a smooth paste with cold water. Boil again, lift from the fire and stir in a tablespoonful of thick, sweet cream and a tablespoonful of butter. Salt and pepper to taste.

No. 121.
Beef juice.

Select a piece of round steak, cut an inch thick. Remove all fat. Have hot fire, a dry frying pan smoking hot. Place a piece the size of the hand in the pan, turn frequently so as to sere both sides and retain the juice. A little experience alone can determine how long to cook it, but when done it should be slightly browned outside and shade to pink in the center.

It should then be cut fine as quickly as possible with a sharp knife and the juice expressed with a meat press or lemon squeezer. Season with salt and pepper and serve in a warm cup. If cooled this juice can be re-warmed, care being taken not to heat it beyond an agreeable temperature, as a near approach to the boiling point coagulates the albumen.

No. 122.
A quick chicken
broth.

Take the feet of a young chicken; scald, peel, thoroughly crush the bones. Put to cook in a pint of cold water in a quart vessel. Simmer for three-quarters of an hour. Remove the fat with a piece of paper. Salt to taste and serve hot, in a hot cup, with a hot cracker.

No. 123.
Corn meal gruel.

Two tablespoonsful of corn meal to one quart of water, a scant teaspoonful of sugar and a pinch of salt. Mix the corn meal to a thin paste with cold water and pour into the boiling water. Cook slowly three hours, adding hot water at intervals to keep the quantity at about a quart. Serve in cup or bowl with a hot cracker.

When milk is acceptable, the gruel may be made much more nutritious by the addition of milk or cream. A little grated lemon peel or nutmeg may be used as a flavor by those who like them, or more sugar added.

No. 124.
Oat meal gruel.

Take two tablespoonsful of oat meal to one pint of water, add a pinch of salt, boil slowly half an hour, strain through wire strainer. You should have about a teacup full of liquid from the oat meal to which may be added cream, milk or broth half a cup, or wine two tablespoonsful. Serve hot in soup bowl with a cracker.

No. 125.
Onion gruel.

Slice two onions the size of a hen's egg; add them to a pint of new milk, boil until tender; stir in one teaspoonful of oat meal or two of brown flour. Salt and pepper to taste.

No. 126.
Milk.

Milk is of perhaps more utility in the sick room dietary than any other individual food, yet none other requires more care in its selection and preservation. (Read article on pure food, No. 96.) Unless the specimen is absolutely pure it should be sterilized.

No. 127.

To sterilize milk.

Heat the milk in a sauce pan until a scum forms over the top and keep it as nearly as possible at that temperature (160 to 190 F.) for one hour. Do not allow it to boil. When done pour into a scalded pitcher, cover with a clean napkin and place in a cool place. This will remain sweet for a day's use.

If it should be desired to prepare enough for the day and night's use at one time, put the milk in a narrow-mouthed bottle thoroughly sealed, and of such size as can be opened and utilized when required without wastage. Place in a kettle of cold water supported in some way to prevent tipping. Bring the water gradually to a temperature a little short of the boiling point and keep it there for an hour.

The bottle may be stopped with a plug of absorbent cotton or with corks—which have been boiling in the water during the hour—and placed in a cool place.

When so desired, a bottle may be opened and the contents taken cool or re-heated and used hot, with a pinch of pepper and salt, or have added to each glass a tablespoonful of lime water according to taste, experience, or physician's direction.

NOTE.—Various styles of sterilizing apparatus are placed upon the market at moderate prices and may be obtained through your druggist or physician, if preferred to the simpler methods above described.

No. 128.

Milk punch.

Cup of new milk, two tablespoonsful of brandy, sugar and nutmeg to taste. Shake thoroughly together.

No. 129.

Baked Milk.

Take a quart of new milk; put in a quart jar, and bake in a moderate oven until thick and creamy. After about three or four hours the crust may be broken a little so that the condition of the milk may be observed. Serve hot without any seasoning, unless specially requested.

No. 130.

Buttermilk.

Mulled Buttermilk.—Bring one pint of good buttermilk to a boil; stir in a scant tablespoonful of flour wet to a smooth paste with a little water. Some prefer to add well beaten yolk of one egg. Serve hot or cold with brown or maple sugar plentifully sprinkled over. (Do not offer this to any one who does not like the flavor of sour milk.

Stewed Buttermilk.—Bring one pint to boil. Serve hot with honey free from comb, and a pinch of ground ginger or cinnamon.

No. 131.

**Peptonized or
Predigested milk.**

The materials for peptonizing or predigesting milk must be obtained at the drug store, or of the physician. Full directions should accompany. This is one of the best methods of preparing milk for a delicate stomach.

No. 132.

Eggs, soft boiled.

The cook must be very sure they are fresh. If two or four are to be cooked, pour boiling water over them in the proportion of one pint to the egg. Six pints are sufficient for a dozen eggs, as water in large amount will not cool so quickly.

Place the bucket containing the eggs on back of range for ten minutes. They may remain longer in the water if more heat is not applied. They should be tender and jelly-like when done. Eggs and all albuminous substances should be cooked at a temperature of 160° Fahr. Few have a suitable thermometer, therefore the above method is given as an easy way of guessing at it.

No. 133.

Poached eggs.

Fill a granite or iron pan to the depth of one inch with boiling water. Salt and draw aside where bubbling will just stop. Break eggs, one at a time, in a saucer, drop quickly into the pan. Do not use eggs for poaching when yolks break. When the whites are just set, lift with a cake turner and place on a warm dish, one just touching another. Salt, pepper and butter slightly. Pour over them one tablespoonful of water from pan to the egg.

Poached eggs are very nice served on toasted bread, cut size of a cooked egg, nicely browned and slightly buttered. Or a thin layer of broiled or finely chopped ham, chicken, turkey, quail or rabbit placed between the toast and egg.

No. 134.

Scrambled eggs.

Beat eggs until quite light; then add sweet milk or cream, one tablespoonful to each egg. Salt and pepper to taste. Beat and pour into a hot pan with a little butter which must not brown, as that is too hot and will harden the egg too much. After two or more minutes cooking and gentle stirring it should be tender and soft. Serve hot at once with bits of lightly buttered toast previously prepared and kept warm.

No. 135.

Omelet.

Beat eggs until you can lift some foam from the top; or, better still, beat whites and yolks separately. Salt and pepper slightly and add one tablespoonful sweet milk or cream to an egg. Put in well beaten whites last and gently mix without further beating. Pour into a warmed and buttered pan (not hot), cook slowly until it thickens a little on the bottom, when it may be placed in the oven to finish, noticing whether the oven is moderate or hot. One minute is likely to be enough if oven is hot, or the mixture small in quantity. If omelet is not finished in an oven after it commences to thicken it must be lifted in the middle with a fork or knife from the bottom and let the raw egg flow under, or the under side would get too hard while the top is still raw. Lift with a cake turner or thin knife, run under, fold over and serve at once. (Water can be substituted for milk.)

If omelet has been cooked thin (so it is not more than one-third of an inch thick) there may be placed between the folds a little burnt sugar or caramel jelly, marmalade, jam, or lemon butter; or slice of broiled ham, or chopped ham, chicken, turkey, one teaspoonful of either to an egg; slices of ripe tomato, any of which may be lightly seasoned with mustard or salad dressing (Durkee's).

No. 135.

Continued.

All the following omelets may be thicker when done:

Or stir into the mixture before cooking of chopped ham, chicken, turkey, mushrooms, oysters, tomatoes, truffles, parsley or rum, one heaping teaspoonful to an egg.

Or three drops of onion juice to an egg.

Or one macaroon and one teaspoon of white sugar to an egg.

Or beat eggs as usual (omitting salt, pepper and milk), grate in a little orange peel, add one teaspoonful white sugar and one tablespoonful orange juice to an egg. Cook as at first directed. Sprinkle with sugar, or spread with caramel.

N. B. Be very sure your butter is sweet.

No. 136.

Oysters.

If you cannot get live oysters, make special inquiry at the market for fresh ones, as when long dead they are dangerous food.

They should not be long exposed to heat or they will be tough and hard. When plump and the edges begin to curl they should be removed from the fire. (Milk should be new, butter sweet, and never salt until done).

**Stewed with milk or
their own liquor.**

Put milk to heat (milk and oysters equal measure). Drain oysters in colander and dry with cloth. Remove bits of shell. When milk is near the boiling point turn drained and dried oysters into a hot pan. Turn several times; when the edges begin to curl, turn them at once into the milk and draw from the fire, when they should be seasoned with salt, pepper and butter. A speck of cayenne may be used. Serve hot with nice celery and hot crackers.

No. 136.

Continued.

Or strain oysters from their own liquor; heat and skim. (Some add an equal quantity of milk, which has been heating separately.) Thicken with a little flour stirred smooth in cold water. Turn in hot oysters prepared as above, and season with salt, pepper and butter.

Oysters, steamed.

Put oysters in a suitable dish, place in steamer, cover and cook until they are plump and edges ruffled. When done, salt, pepper and butter, and serve with crackers and celery, or with pickles, or lemon juice, or white cabbage—crisp, sweet and finely shredded.

Broiled Oysters

Drain large oysters, look for bits of shell, dry them in a cloth. Have a very hot pan well buttered; quickly drop in the oysters one by one, turning each at once with a thin knife (a fork will pierce and allow the juice to flow), and keeping the pan so hot the juice cannot escape. They can be put in the pan in one minute, turned again, and be ready to lift at the end of the second minute, commencing with the first put in.

GAME AND FOWLS.

No. 137.

**Broiled or
Roasted chicken.
Quail.
Partridge.
Plover.
Woodcock.
Snipe,
Pheasant, and
Prairie chicken.**

Chicken from three to six months are good for broiling, roasting or baking. Commence with a high temperature to shut in the juice, cooking slowly to finish. When thoroughly cleaned and split down the back, dried with a cloth (always dry for broiling or roasting) and the breast broken enough to make the chicken lie flat; dip it in melted butter, season with pepper, salt and dredge with flour, and place in a wire broiler until quite done. From fifteen to thirty minutes according to fire and size of chicken. Watch that the thick parts are well done. Serve hot.

No. 137.

Continued.

If for roasting, prepare as above, place in a small pan in a hot oven until done. Five minutes before lifting cover closely to steam.

Quail, plover and partridge should be young and pounded flat, are broiled by just the same process; time twenty minutes. (Old birds should be roasted or stewed.) Serve well done on hot buttered toast, with currant jelly.

Birds for roasting are rubbed inside with salt, pepper and butter, stuffed with one large, or three small oysters, rolled in butter and salted and peppered bread crumbs, or any good dressing, sewed up the back with thread, to look whole, or closed with a skewer. Baked from one-half to three-quarters of an hour in a hot oven, basting when half done until done, with hot water, salted, peppered and buttered. If browning too fast, cover closely and steam done.

Woodcock (cock head), and snipe are served rare, and are not buttered or floured. Roast or broil eight or ten minutes.

Do not butter or flour squabs (young pigeons), which are served done, and are pounded and prepared as above birds for broiling or roasting.

No. 138.

Egg nog.

Beat eggs until light. Add powdered or granulated sugar until thick as pancake batter. Three tablespoons of this mixture to two of best whiskey, cup full of water. Stir thoroughly. Sprinkle powdered cinnamon or nutmeg over the top. Serve hot.

No. 139.
Hot lemonade.

Thinly pare half a lemon, remove seeds, Squeeze the juice into a pitcher, add the parings and tablespoonful or two of sugar. Pour in one pint of boiling water cover and let stand two hours; strain, reheat and serve.

No. 140.
Lemonade with egg.

Beat one egg, add juice of half a lemon, sugar to taste. Cold water to fill the glass. Stir and serve.

No. 141.
Cocoa.

Boiling water $\frac{1}{2}$ cup, sugar one teaspoonful, cocoa $\frac{1}{4}$ to $\frac{1}{2}$ teaspoonful according to the brand. Boil two minutes, add $\frac{1}{2}$ cup of hot milk, and serve at once. This is the proper strength for invalids.

No. 142.
Mulled wine, beer,
ale and porter.

Beat egg and tablespoon of sugar. Heat one half cup of wine and same of water *just* to boiling point, pour slowly into the egg, stirring steadily, when it should form a creamy mass. If not wine, beer creamy, heat a moment more. Season lightly with ground cinnamon and cloves.

No. 143.
Beef

Beef steak is most easily digested rare broiled. This may be done with a regular broiler, or follow directions in No. 119, and serve the piece whole, hot and seasoned with salt, pepper and butter after it is dished.

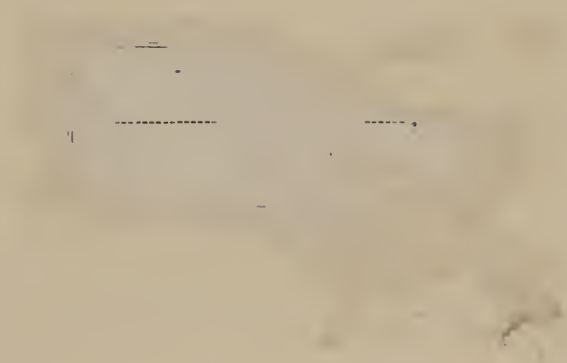
Raw: Scrape two tablespoonsful from a round steak. Season with salt and pepper, adding chopped onions or parsley if desired. Ten drops of diluted hydrochloric acid, added one-half hour before serving, render it more digestible.

Marrow bones, two inches long. Paste end *shut* with dough. Tie *tightly* in a cloth. Boil one hour. Remove marrow, spread on toasted bread or crackers, season and serve hot.

No. 144.
Potatoes.

Potatoes are better served to invalids roasted, baked, mashed or baked in milk prepared as follows: Slice thin, place in pan a layer of potatoes, salt, pepper and bits of butter; then another layer and seasoning, &c. Add new milk to level of potatoes, bake until tender, turning under top crust if it becomes too brown before done.

“Whether therefore ye eat or drink, or whatsoever ye do, do all to the glory of God.”



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